SA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Dr P. R.

Reg. Diat. No.

1. PLACE OF DEATH: Allegany			2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m	other)
	Tulen		State Maryland Couet	, Allegany
How long in above place Hospital, institution, or 131	of death?	treet	City or town Luke (If outside city or town limits, 131 Mullen 5 (If rural, give L	OCATION)
			2.(a) If veteran, name war	
3. (a) FULL NAME		DDA DELILAH ACY		3. (b) Social Security Number
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION
Female	White	XXXXX Widow	20. DATE OF DEATH October 17	19 47 at 5:30 at
			21. I CERTUT that death occurred on the date above	e stated; that I attended deceased from 7, to Oct 17. 19. 47.
7. Birth date ot deceased (mo., day, y	Novem	ber 29, XXXX 1872	Immediate cause of deaths	DURATION
8. AGE: Years		Days It less than one day 18min.	gurfastatie co	nomma
13. Birthplace 14. Malden name 15. Birthplace	Domest own h eonard H Uluk. Eleja Uluk.	ome uff	Due to	onths of death)
16. Intormant	Luke Mar	***************************************	Autopsy results	ch death should be charged statistically.
17. Burial (Burial, cremation, Cemetery or cremation Location	Western Ellswer Western	s Cemetery	22. VtOLENCE: If death was due to external caus Accident, suicide, or homicide	(County) (State) ere?) Injured at work? Wheeler Amo
(Date rec'd by re	gistrar)	Registrar	Address Chealmost	U. Ca Date signed 10-20-47



DR.R.WILLIAMS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

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			CERTIFICA	ATE OF DEATH	Reg. Dis	st. No
How long in above place Hosalth Modified To	SUMBERLAN outside city or town of death?	death occurred	URAL and give nearest town) V. 5 :	City or town(If outside city or town	county	and give nesrest town)
MISS A	BETTY ALKI	RE			3. (b) Social	Security Number
4. Sex FEMALE	5. Color or race WHITE		e, married, widowed, or divorced	MEDICA 20. DATE OF DEATHOCTOBER	AL CERTIFICAT 20,1947	19 3; IO A.M. N
6.(b) Name of husband 7. Birth date of deceased (mo., day,			e) If alive, give ageye	21.1 CERTIFY that death occurred on the	date above stated; that land	trended deceased from 47
8. AGE: Year		Days	it less than one day	Immediate cause of death	Lalt	DURATION
9. Birthplace	Student School	Alkire The Time Ti	(No.) Flagner ire	Major findings of sperations. Autopsy results. PHYSICIAN: Please underline the out	D-23	
17	ory Path	Date there	chery 22, 1947	Where did Injury occur?	(Count place (where?)	ty) (State)

MARGIN RESERVED FOR BINDING

NFADING INK. Supply every item of information carefully of. Physicians: please write the causes of death clearly and

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PLAINLY, vis especially

PLEASE WRITE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County allegazing	(h. a. la. M. () [] () and
City or town	State County County
How long in above place of death?	(If outside city or town limits, write RURAD and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 158 /2 Deaford 81
158/2 014/34	(If rural, gir LOCATION)
Now long In hospital or Institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
5 Color or race S.(&) Single, married, widowed, or divorced	en
5. Color or rage 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Amale Mate Indowed	20, DATE OF DEATH. 21 21 194 7 , 21 21
6. (b) Name of husband or wit are saled allen	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	VALUE 19 4 10 CCT 19 T
7. Birth date of	and that I last saw h
deceased (mo., day, yr.) Months Days If less than one day	Immediate cause of death OURATION
8 3 8 29hrs.	min Oselus William Sale
CARAL MIL	
9. Birthplace (Town, county, and reste)	Due to
10. Usual occupation.	
11. Industry or business	Due to
	Pther conditions William School
12. Name Juna alkie 14. Va	
Change Hanning	(Include pregnancy within 3 months of death)
14. Maiden name Drany January 15. Birthplace N. Va.	Msjor findings of operations.
15. Birthplace	Date of op
6. Informant Mrs. Musseure I soulis	Autopsy results PHYSICIAN: Please underline the eause to which death should be charged statistically.
Address Cotapolis Pal.	
(Burial, cremation, or removal, Which?)	
	Where did fairry occur?
Cemetery or crematory	Where did injury occur?
Location Campberland med.	Injured at home, farm, Industry, public place (where?)
18. Funeral director domo Stein One	Means of Injury Injured work?
Address Cumberland.	Denn 1 1005 mg
1. 1. M + (20 1)	23. SIGNATURE.
19. Oct. 23 19.47 Monte Charles Regis	strar Address 40 4 DO (0 ATU F Date signed 1.0 / X
(Date tee a placement)	

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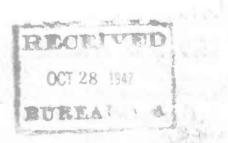
WITH UNFADING INK. Supply every item of important. Physicians: please write the causes

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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Reg. Diat. No.

,		
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m	nother)
(If outside city or town limits/ write RURAL and give nearest town)	State	
How long in above place of death?	City or town (1f outside city or town limits, Street No. (1f rural, give I	write R RAL and give nearest town)
How long In hospital or Institution?	2.(a) If veieran, name war	
3. (a) FULL NAME Viola Centers	ow	3. (b) Social Security Number
4. Sex 5. Color or race S.(a) Single, married, widowed, or divorced wildowed	MEDICAL CE 20. DATE DE DEATH OCTOBLE	RTIFICATION 9 19 47 31 10 17:
6,(b) Name of husband or wife	21. I CERFFY that death occurred on the date above	e stated; That I attended deceased from
7. Birth date of deceased (mo., day, yr.) May 26 - 1870 8. AGE: Years Monihs Days II less than one day	and that I last saw h	DURATION DURATION
77 6 13hrsmin.	Cerebral tremo	ologe 16 mos.
9. Birthplace	Due to altrio -scler	bola.
11. Industry or business home and analology	Differ conditions the relation	w.
13. Birthplace md.	(Include pregnancy within 3 me	
14. Maiden name	Major fiediogs of operations	
El 15. Birthplace 16. Informant The Day James Julium	Aotopsy resolts	Date of op.
Address / Frontburg md	PHYSICIAN: Please underline the cause to which 22. VIOLENCE: II death was due to external cause	
(Burial, cremation, or removal. Which?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide	/ Date of
Location Sant, Co	Where did Injury occur?(City or town) Injured at home, farm, industry, public place (whe	
18. Funeral director	Means of Injury	Injured at work?
Address Freshburg mg.	23. SIGNATURE A-C'ALIE	he mid.
19. 10-10 1847 Www. Haury X. Rue	Frostling 7	M. D. or other 10/10/10



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MARYLAND STATE DEPARTMENT OF HEALTH

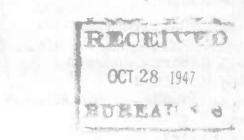
2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Diat. No....

y.	1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
T. De	City or town. Cumberland (It outside city or town limits, write RURAL and give nearest town)	State Maryland		
ormation carefully. The c	How long in above place of death? Hospital Institution, or street address where death occurred: How long in hospital or institution?42. Days.	City or town Mt. Savage. (If outside city or town limits, write RURAL and give nearest town) Street No. Alf rural; give LOCATION) 2.(a) It veteran, name war Sansh Mmeuces		
information of death	3. (a) FULL NAME	3. (b) Social Security Number		
info	Robert Andrews 4. Sex 5. Tollor or race S.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
tem of	Male White Widowell	20. DATE OF DEATH October 19, 19 47 3:05 Pm		
every i	6.(b) Name of husband or wife Elizabeth Rixer 6.(c) If allive, give age years 7. Birth date of deceased (mo., day, yr.) 8-12-1881	21. I CERRIFY that death occurred on the date above stated; that I attended deceased from 19 to 9 19 7 19 7 19 7 19 7 19 7 19 7 19 7 1		
Supply ease wr	8. AGE: Years Months Days It less than one day 66 Z 7hrsmin.	Immediate cause of death OURATION		
UNFADING INK. tant. Physicians: pl	9. Birthplace Maryland. 10. Usual occupation Retired: Analysis Selection Retired: Ana	Due to		
	2 15. Birthplace Maryland	Date of op.		
LY, ially	16. Informant Memorial Hospital	Autopsy results		
WRITE PLAINLY, is especially	Address Cumberland, Maryland. 17. Burial (Burial, cremation, or removal, Which?) Cemetery or camalofy M. M. t. Savage Methodist Location Address Cumberland, Maryland. Oate thereof Oct. 22,1947 (month) (day) (year) (month) (day) (year) Address Cumberland, Maryland.	22. VIOLENCE: tf death was due to external causes, fill in the following; Accident, suicide, or homicide		
PLEASE W	18. Funeral director Harvey . Zeigler Address Hyndman, Pa.	Msans of Injury Injured at work? 23. SIGNATURE M. D. or other		
PL	19. Oct. 22 19 47 W. R. Franty, M. S., Registrar	Address Onnheston Oate signed 10"24-4/2		



MARYLAND STATE DEPARTMENT OF HEALTH

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information carefully. The coof death clearly and legiply.

ADJAG INK. Supply every item of Physicians: please write the causes FOR BINDING RESERVED WITH UNF PLAINLY, vis especially

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THE TAKE IN TAKE		es St., Baltimore
/	CERTIFICAT	E OF DEATH
1. PLACE OF DEATH: ALLEGANY		2. USUAL RESIDENCE (For newhorn infants
CUMBERLAND		StateMARYLAN
(If outside city or town in How long in above place of death?	nits, write RURAL and give nearest town)	City or town
How long in above place of death?	eath occurred:	Street No. R.T. 2
	DRIAL HOSPITAL	Street No
How long In hospital or Institution?	7 days	2.(a) If veteran, name war
3. (a) FULL NAME		
c NEOMA BABB		
4. Sex 5. Color or race	8.(a)Single, married, widowed, or divorced	М
FEMALE WHITE	MARRIED	OCT
		20. DATE OF DEATH
	B, CHARLES	21. I CERTIFY that death occur
E197 31		July
7. Birth date of deceased (mo., day, yr.) 5-21-8	34	and that heast saw h.C
8. AGE: Years Months	Days It less than one day	Immediate couse of death
63 6	3min.	1 de
		Due to
(Town, c	ounty, and state)	DEC 10
1D. Usual occupationHOUSEW.	IFE	Due to.
11. Industry or business		BUC 101
12. Name NORVAL W. 13. 8irthplace W. VA.	MARSHALL	Other conditions
	IRENe	(Include pre
TAT TA	p	Major findings of operations.
MEMORIAL HO	SPTTAT.	-7 -0
16. Informant	DI I INI	Antopsy results.
Address CUMBERIAND,	WD.	PHYSICIAN: Please underlin
(Burial, cremation, or removal, Which?)		22. VIOLENCE: If death was
. /		Accident, suicide, or homicide.
	ville Cometery	Where did Injury occur?
Location Laborans Ville	w. Va.	Injured at home, farm, Industry
18. Funeral director Anhas A	· stofes	Means of Injury
0 1 0 1/1	ed End,	1
Address Checker	1 to 1 + m	23. SIGNATURE
19. Oct. 27, 18 4	W.R. orang, M.D.	Kum
(Date rec'd by registrar)	Registrar	Address

City or town	nits, write KURAL and giv	e nearest town)
Street No. Rt. 2 (If rural, g		
2.(a) If veteran, name war	3. (b) Social Secu	
	Al Fal	V.
	CERTIFICATION	
2D. DATE OF DEATH OCTOBER 2	34,1947	7;25 P.1
21. I CERTIFY that death occurred on the date		
Huey 30		1 2 / 19 /
and that Hast saw h.C.M. alive on	- / - 2	L 18'45
Immediate couse of death		DUNALION
1. Signatura	1 (unto	
Due to		
Due to.		
Due to		
Other conditions		***************************************
(Include pregnancy within	3 months of death)	
and the same of th		0
Major findings of operations	Date of op.	711-10
Telepoy realisation	1.1.1.4.1.111.1	1
PHYSICIAN: Please underline the cause to	which death should be the	irged statistically.
22. VIOLENCE: If death was due to external	causes, fill in the following;	
Accident, suicide, or homicide	Date of .	***************************************
Where did Injury occur?(City or town	n) (County)	(State)
Injured at home, farm, Industry, public place	(where?)	

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CERTIFICATE OF DEATH

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/			CERTIFICA	IE OF DEATH	Reg	g. Diat. No	<i></i>
1. PLACE OF DI		J.V		2. USUAL RESIDENCE (HO) (For newborn infants give res	ME) OF DECEAS	ED:	
County		State Mary land County Allegany City or town Rural Wellersburg, Pa. (If outside city or town limits, write RURAL and give nearest town)		rest town)			
***************************************		••••••••••	***************************************	Street NoWellersbul	ural, give LOCATION	10 10 10 11 11	••••••
	or Institution?	••••••		2.(a) If veteran, name war			
3. (a) FULL NAM					3. (b) S	ocial Security N	lumber
4. Sex	5. Color or race	6.(a) Single,	married, widowed, or divorced	MEDIC	AL CERTIFIC	CATION	
Fe	W	Wid	lowed	20. DATE DF DEATH. OC t.			10 rm
	Tomi	Beal	LOWER	20. DATE DF DEATH			
6.(b) Name of husband	a 01 m 110		***************************************				
7. Birth date of deceased (mo., day,		18, 18	If alive, give agoyears 370	July 1 19.47 to 0.6 t 3 19.47 and that I last saw her alive on 0.6 t 3 19.47		19.4.7	
8. AGE: Year	rs Months	Days	It less than one day	Immediate cause of death	***************************************		DURATION
77				Die	abetes Mel	litus	15ys
9. Birthplace					M		
		sework	y	Due to			***************************************
11. Industry or busine				***************************************			***************************************
12. NameJohn Witt			Dther conditions	***************************************		***************************************	
14. Maiden name Susan Cramer			(Include pregnancy				
15. Birthplace		Pa.					
16. Informant	Lester Be	al		Autopsy results			
Address	Wellersbu	rg Pa.		PHYSICIAN: Please underline the ca			latistically.
17			22. VIOLENCE: If death was due to ex		Date of		
Cemetery or crematory. Co.ckCemetery			Where did injury occur?(City o	or town) (County)	(State)	
Wellersburg , Pa.			Injured at home, tarm, Industry, public	place (where?)	***************************************	000000000000000000000000000000000000000	
			gler	Meane of Injury	Inju	ured et work?	
Address H;	yndman, Pa			000	7	MD	
19. 10 - 3 - (Date rec'd by re	19.44.7 egistrar)	V.	rovices In Dernick	23. SIGNATURE. John Q			



FOR BINDING

MARGIN RESERVED

PLEASE WRITE

(Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Maryland county. Allegany City or town. Rural Flintstone. Md. (If outside city or town limits, write RURAL and give nearest town) Street No. Star Route (If rural, give LOCATION) 2.(a) If veteran, name war.
3.(a) FULL NAME Elmer Henry Bennett	3. (b) Social Security Number
4. Sea 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE DF DEATH October 28, 19 47 at 5 - An
6.(b) Name of husband or wife Eliza Barnes 6.(c) It alive, give age	Immediate cause of death Mes players, DURATION
8. AGE: Years Months Days If less than one day 16	malignant - of brain, 2 years
9. Birthplace	Due to Crainstoning - Exploration of - brain - E desturbance Due to Crainstoning - Exploration of - brain - E desturbance Due to Crainstoning - Exploration of - brain - E desturbance Due to Crainstoning - Exploration of - brain - E desturbance Due to Crainstoning - Exploration of - brain - E desturbance Due to Crainstoning - Exploration of - brain - E desturbance Due to Crainstoning - Exploration of - brain - E desturbance Due to Crainstoning - Exploration of - brain - E desturbance Due to Crainstoning - Exploration of - brain - E desturbance Due to Crainstoning - E desturbance Due to C
14. Maiden name. Jemina Leasure 15. Birthplace Maryland	(Include pregnancy of thin 3 months of death) Major findings of operations. Date of op. Oet 37,/9/
16. Informant Mrs. Eliza Bennett Address Star Route Flintstone, Md.	Antopsy results
Burial Bartal Date thereot Oct. 30,1947 (Burial, cremation, or removal, Which?) Cemetery or crematory Fairview Cem.	Accident, suicide, or homicide
Location Englesmith, Penna.	Injured at home, farm, industry, public place (where?)
18. Funeral director Charles L. George	Means of Injury Injured at work?
Address Cumberland, Md.	23. SIGNATURE Whe M Face & M. D
19. (Cate rec'd by registrar) 19. (Date rec'd by registrar) Registrar	M. D. or other



PLEASE

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

CERTIFICAT	Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME Elwell S. Bennett	3. (b) Social Security Number
Mole 5. Color or race 6.(a) Single. married, wildowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE DE DEATH OF DEATH 19 47 21 425 PM
6.(b) Name of husband or wife Belinda Hullendk Bennett 6.(c) the alive give age 49 years 7. Birth date of deceased (mo., day, yr.) July 13, 1872 8. AGE: Years Months Days It less than one day 75 / 10 hrs. min.	21. I CERTIFY that death occurred on the date above stated; that I alterized deceased from 19.77 and that I last saw h IRII alive on Sept 30 19.4.7 Immediate cause of death DURATION Sept 30 0000000000000000000000000000000000
9. Birthplace	Due to Chronie my oendife's 5 gas Due to Seneral arterios cleronis 10 grs
11. Industry or business 12. Name	Diher conditions
14. Maiden name. 15. Birthplace 16. Informant. Mrs. Bolinds Bennett	Major findings of operations
Address Christy Kood, Lumber and Md. 17. Buriel (Burial, cremation, or remove). Wyoch?) Cemetery or crematory.	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
18. Funeral director. John J. Wafer Address Cymbol and Maryland	Injured at home, farm, industry, public place (where?)
19. Oct. 6, 1847 W. R. Frentz, M. N. Registrar	23. SIGNATURE M. D. or other Address 1.60 5. Centre (34. Date signed 10-4-47



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RESERVED FOR BINDING

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CAINLY, WITH UNFADING INK. Supply every item of especially important. Physicians: please write the causes

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No.

/						
1. PLACE OF DE	ATH:	llegeny	(For newborn infants gi			
County			State Maryland	State Maryland County Allegany		
Clity or town		City or town.	umberland			
How long in above place	of death?	oo ira, 15 Days	(If outside city	y or town limits, write RURAL	and give nearest town)	
Hospital, Institution, or	street address where	geath occurred:	Street No. 34 Bed	Street No. 34 Bedford St		
*****			*********	(If rural, give LOCATION)		
How long in hospitat o	r institution?		2.(a) If veteran, name war			
3. (a) FULL NAM	E			3. (b) Soci	ial Security Number	
	Saral	Biddle:		No	one .	
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	ME	DICAL CERTIFICA	TION	
Female	White	Widow		letchen 7	477 30 704	
					19.47 at 10-30A	
6.(b) Hame of husband	or wife David	l I Biddle		d on the date above stated; that		
7. Birth date of	•••••			4 4	19 4	
deceased (mo., day,	yr.) Septer	nber 22 1864		···		
8. AGE: Years	s Months	Days If less than one day	Immediate Cluse of death		OUNTION	
83	0	15hrs.	mln.	e Myocara	litis / Mear	
	mberland, (Town,	Allegany Co. Maryland county, and state) House	Due to			
11. Industry or busines		***		***************************************		
当 12. Name	George	Hartsock	Dther conditions	***************************************		
12. Name	Bedf	ord Pa				
	Elizabet	th		nancy within 3 months of death		
14. Maiden name 15. Birthplace			Major findings of operations	***************************************		
		ord Pa			e of op	
16. Informant Mi	ss Madeline	e Biddleg		***************************************		
Address 34	Bodford S	t. Cumberland. Md.	PHYSICIAN: Please underline	the cause to which death should	d he charged statistically.	
		0 /		ue to external causes, fill in the fo	llowing;	
17. Buris cremation	n, or removal. Which?	Date thereof ((month) (day) (yet	Accident, suicide, or homicide,		Date of	
		Memorial Park Cemete		(City or town) (Cou	inty) (State)	
		berland, Md.		public place (where?)		
		H. Kight	Means of Injury	Injured	at work?	
Address		land, Md.	16. 1	7. c/reva	skis or nex	
10 1		11 0 trant	23. SIGNATURE		M. D. or other	
Date rec'd by re	egistfar) 19.7	Re	egistrar Addressember	loud mg	.Date signed ect 8 4	



2411 N. Charles St., Baltimore

23. SIGNATURE

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

MARYland

Reg. Diat. No.

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V. Vd 1 Date signed 10-29-47

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CERTIFICATE OF DEATH 1. PLACE OF DEATH information carefully of death clearly and 63 YEARS How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution?. 3. (a) FULL NAME item of i Henry Biddle .6.(c) If alive, give ageyears deceased (mo., day, yr.) DING INK. Supply hysicians: please wr Months If less than one day 8. AGE: Years 1D. Usual occupation f1. Industry or business 13. Birtholace 14. Malden na 15. Birthplace Biddle harles especially PLAINL et 30,1947 (Burial, cremation, or removal, Which? (month) (day) (year) WRIT 回 **6**2 Address H (Date rec d by registrar)

City or town Western	write RURAL and give nearest town)
Street No. # 107 @ you	HER. CT
2.(a) If veteran, name war	
Biddle	3. (b) Social Security Number
MEDICAL CE	RTIFICATION
20. DATE OF DEATH. October	127 1047,5:45p
21. I CER7iFY that death occurred on the date above 19.5 and that I last saw h &	16 0et 27 197
Immediate come of death MYCCC+d1	tis and Myo DURATION Aum Without 2 techs
Due to Serility	
11,7	
Due fo	
Other conditions Subacute CA	decystitis 10 Day
(Include pregnancy within 3 m	
Antopsy results	ich death abould he charged atatistically,
22. VIOLENCE: If death was due to external caus	ses, fill in the lollowing; None
Accident, suicide, or homicide	
Where did Injury occur?(City or town)	(County) (State)
Injured al home, farm, Industry, public place (wh	ere?)
Means of Injury	Injured at work?
R OA	ando mo

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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Reg.	Dist.	IAO.	·····

CERTIFICA	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in hospital or institution?	2.(a) tt veteran, name war
Type almira Virgini	a Bierman 3. (b) Social Security Number
Female White Married, widowed, or divided The wave of the transfer of the tra	MEDICAL CERTIFICATION 20. DATE OF DEATH. October 6 19 47 21 6:50 A.
6.(b) Name of husband or wife. Win Bierman	21. I CERTIFY that death occurred on the date above stated; that tatended deceased from
7. Birth date of deceased (mo., day, yr.) Warel 1, 1869	and that I last saw h alive on
8. AGE: Years Months Days It less than one day 78, 75	Immediate cause of death OURATION
9. Birthplace Wuckester (Town, county, and state)	Due to Morle 7 (940)
10. Usual occupation	Que to
12. Name Mathan Hovermale 13. Birthplace Winchester Va	Other conditions
14. Maiden name Lucude Bohr 15. Birthptace W. Va	(Include pregnancy within 3 months of death) Major findings of operations
16. Interment Hus Herbert Sawer	Autopsy results
Address Route 3 Cumberland Ly	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VtOLENCE: If death was due to external causes, fill in the following:
17. Burial, eremation, or removal. Which?) (Burial, eremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory Trinity Lutheran Cemetery	Where did injury occur? (City or town) (County) (State)
18. Funeral director John D. Haler	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
Address Cumberland Vyd.	22 SIGNATURE MS Owens MS
19. A St. J. 19. 47 W. L. Franky, M. L. (Date rec'd by registrar) Registrar	23. SIGNATURE M. D. or other M. D. o

Registrar Address.







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08612

Reg. Dist. No

CERTIFICAT	E OF DEATH Reg. Dist. No.
I. PLACE OF DEATH: County Cily or town. (If outside city or town.himits, write kulker and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Parallel County Count
3.(a) FULL NAME arthur Stewart Sta	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Robert State S	MEDICAL CERTIFICATION 20. DATE OF OEATH 21. I CERTIFY that death occurred on the date above stated; that I altended deceased from 19. 47. 19. 4
13. Birthplace 14. Maiden name 15. Birthplace 16. Informant Address 17. Address 18. Funeral director Address 19. A	(Include pregnancy within 3 months of desth) Major findings of operations

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICAT	E OF DEATH Reg. Diat. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infarts give residence of mother) State. County
How long in hospital or institution?	2.(a) if veteran, name war
3. (a) FULL NAME John Edward d	Bland 3. (b) Social Security Number
4. Sex 5. Color obace 6.(a) Single, married, widowed, or divorced Wale Witte Widowed	MEDICAL CERTIFICATION 2D. DATE OF DEATH. Oct 29 19 47 at 9: 1.5P
6.(b) Name of husband or wife. Assis Toulous. 6.(c) If alive, give age	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Jan 8, 1869	and that I Just saw halive on
8. AGE: Years Bonths Days triess than one day 21hrsmin.	Odvemoma prostate /ym
9. Birthplace (Town, coffity Jand atate)	Due to
10. Usual occupation	Due to
12. Name. Sola Bland 13. Birthplace Eugland	Other conditions
14. Maiden name Essel Burrow 15. Birthplace England,	(Include pregnancy within 3 months of death) Major findings of operations
16. Informant June Glady Bland	Aulopsy results
Address 210 and St (+ Cumberland left)	22. VIOLENCE: If death was due to external causes, Itil in the following;
(Burial, cremation, or removal, Which?) Cemetery or crematory	Accident, suicide, or homicide
Location Cumberland Met 0	Injured at home, farm, Industry, public place (where?)
Address Survelland W.A.	23 SIGNATURE VALUE TILLS ME
19. Note (Date ree'd by registrar) 19 Note Que Registrar	Address 4D 4 De Cath 8 Date signed



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICA	ATE OF DEATH Reg. Diat. No	4
ounty	2. USUAL RESIDENCE (HOME) OF DECEASED: (For rewborn infants give residence of mother) State	t town)
Sex 5. Color or Jace 6.(a) Single, married, wildowed, or divorced	3. (b) Social Security Number 14-05-4 MEDICAL CERTIFICATION	1705
male Mit married	DAN a	M
(b) Name of husband or wife Ella Sharey 6. (c) It alive, give age yea	ars and that I last saw known alive on Tark.	19 4 7
Birth date of deceased (mo., day, yr.) Feb 20, 1892 B. AGE: Years Months Days it iess than one day hra. mi	Immediate cause of death	DURATION)
(Town, eounty, and atate) 10. Usual occupation	Due to	
12. Name Warrel 18 11 Pa. 13. Birthplace 14. Maiden name Elizateth Learny	(Include pregnancy within 3 months of death) Major findings of operations.	
15. Birthpiace 16. Interment Purs & Russell Borty.	Antopsy results	tistically.
(Burial, cremation, or removal, Which?) Date thereot (month) (day) (year)	Where did injury occur?	
Location Commenterland and	(City or town) (County) (S Injured at home, farm, industry, public place (where?) injured at work?	State)
Address Complex Cond. 19. Deter rec'd by regisfref) Registr	23. SIGNATURE B. M. Sore M. D. or of Address. 4. Sheene At Date sknows.	moo other -8/VH

Registrar Address....

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(Date rec'd by registref)

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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		CERTIFICAT	TE OF DEATH	Reg. Diat. No4	
How long in above pla Kospilal, institution,	f outside city or town limits, write Ri	2	City or town (1f outside city or town limit Street No. 208 Drama	ounty allegange	
3. (a) FULL NA.	ME Clase 5. Color or race 6. (a) Single	Hamilton	Boyell MEDICAL C	3. (b) Social Security Number	
6.(b) Name of husba 7. Birth date of deceased (mo., da 8. AGE: Ye 9. Birthplace	y, yr.) Shay 17 ars Months Days O 5 16 Welcown, county, and a	Briefel It alive, give age years Style It less than one day hrs. min.	20. DATE OF DEATH 21. I CERTIFY that death occurred on the date ab and that I last saw h alive on. Immediate course of death Due to.	15 11028	4
10. Usual occupation 11. Industry or busing 12. Name	bhas Henry	1- M. Val asskettle Ind.	Dither conditions. (Include pregnancy within 3		
Address Q O (Burial, cremat	ion, or removal. Which?)	mil Park (year)	Autopsy results	which death should be charged statistically. auses, fill in the following; Bate of	000000000000000000000000000000000000000
18. Funeral director Address 19. Other rec'd by	unhelind, Mrs. 30, 19 47 4xk	Mantz, M.S. Registrar	Means of Injury 23. SIGNATURE	Injured at work? M. D. or other Date signed.	4

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2411 N. Charles St., Baltimore

Reg. Dist. No. .

CERTIFICATE OF DEATH

	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County C
	City or town
	Streel No. 2 (If rural, give LOCATION)
.	2.(a) If veteran, name war.
	3. (b) Social Security Number 220-07-6794
	2D. DATE DE DEATH DE DE LA CERTIFICATION 2D. DATE DE DEATH DE DE LA CERTIFICATION 19.47, 2// 30 P. M.
	21. I CERTIFY that death occurred on the date above stated; that I attended the eased from 19.4.7.
2	and that I last saw harmolive on 194
=	Immediate cause of death DURATION
-	of Slamuel 1mo
	Due to.
1	Due to
	Other conditions.
-	(Include pregnancy within 3 months of death)
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-	Antapay results PHYSICIAN: Please onderline the caose to which death should be charged statistically.
-	22. VIOLENCE: ti death was due to external causes, till in the following:
	Accident, suicide, or homicide
	Where did injury occur?
	Injured at home, farm, Industry, public place (where?)
ĺ	Means of Injury Injured at work?
	was with the said
	23. SIGNATURE
r	Address Date signed Date signed

WITH UNFADING INK. Supply every item of information carefully. The comportant. Physicians: please write the causes of death clearly and legibly. WRITE PLEASE

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1. PLACE OF DEATH:

How long in above place of death?.....

Hospital, Institution, or street address where death occurred:				
How long In hospital or instilution? 2 Rours				
3. (a) FULL NAME albert Boyers				
4. Sex 5. Color or race 6.(a) Single, married, widowed or divorced				
male white married,				
8.(6) Name of husband or wife Muldred Boyer 6.8 years				
7. Birth date of deceased (mo., day, yr Morember 6, 1875				
8. AGE: Years Months Days If less than one day 22				
9. Birthplace Stoney Creek Cty (a)				
1D. Usual occupation				
11. Industry or business ment, model				
12. Kame Person Siger 13. Birthpure Penson Anna				
14. Maiden name Elizabeth Speicher Peruser va nia				
16. Informant Mass. Earl Player				
Address Prostheral md.				
17. Burial, cremation, or removal, Which?) Date the geot. Och 3 947 (month) (day) (year)				
Cemetery or crematory				
Location Most Man V				
18. Funeral director				
Address Thosthung Md.				
19. 10-30 (Dato rec'd by registrar) 19.47 Mes Dlauly N. Registrar				





Outside of City Limits

1. PLAC. County.....

PLAINLY, WITH UNFADING LKK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and le

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICAT	E OF DEATH Reg. Dist. No	4
1. PLACE OF DEATH: County	Street No. MLXICO FARMS, LITTURAL, give LOCATION) 2.(a) It veteran, name war.	rest town)
3. (a) FULL NAME annie Mary	3. (b) Social Security	Number
Mrs. Jehn Grehm	Three	
Female White Rule Rock Single, married, widowed, or divorced Female White Rule Rule Rule Rule Rule Rule Rule Rul	MEDICAL CERTIFICATION 20. DATE DF DEATHQc.t	ased from
7. Birth date of FO () If alive, give ageyears	and that I last saw he.rDee.dOct28	
deceased (mo., day, yr.) Telemin D, 1853	Immediate cause of death	DURATION
8. AGE: Years Months Days If less than one day 93 8 22hrsmin.	Cardiovascular sclerosis	several
9. Birthplace Cumbel allam Mulind (Town, county, all stage) 1D. Usual occupation however the county and stage)	Due to. Senility	years
11. Industry or business 12. Name	Other conditions	
14. Malden name Sophin Contens 15. Birthplace Cumheland Md	(Include pregnancy within 3 months of death) Major findings of operations	
Address Christie Rood, Cumberland, My	PHYSICIAN: Please underline the cause to which death should be charged	statistically.
17 Burial, cremation, or removal. Which?) Date thereof Outline 31, 1447 (Burial, cremation, or removal. Which?) Cemetery or crematory. Author Canadam	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	(State)
Location Maland MA 1B. Funeral director Laws String Section S	Injured at home, tarm, industry, public place (where?) Mesns of Injury Deputy Medical Examiner 101 23. SIGNATURE H. V. Deming M. D. A. V. Same	gany Oa.
19. Oct 30 1947 Cere Tranty M. D. Registrar	Address Combisland, Mid Date signed.	Out 29/4

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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Reg. Dist. No

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I. PLACE OF DI	EATH: egany			

ity or town	imberland	imits, write R	URAL and give nearest town)	
low long in above plac	e o1 death?	7-	10-2	
lospital, institution, o	or street address where	eath occurred	3	
Di C	smortar u	OSPICE	3.1	
low long in hospital	or Institution?	day	***************************************	
3. (a) FULL NAM				
F	rances Bu	rlev		
I. Sex			, married, widowed, or divorced	_
Fomolo	White	Q1,	afan	
remale	AUTTOR	1 211	181e	
6.(b) Name of husbane	d or wite			
) I1 alive, give age	eare
I. Birth date of	D		19, 1939	CHIS
deceased (mo., day,	rs Months		It less than one day	_
7 7	10	-	hrs.	,
		7/10 201	Fara Francisco	
9. Birthplace	(Town,	Mar county, and a	yland tate)	
	Stude	Mar county, and a ent	yland tate)	
10. Usual occupation		Mar county, and a ent	yland tate)	
ID, Usual occupation 11. Industry or busine	258			
ID, Usual occupation. 11. Industry or busine.	258	eley (Deceased)	
10. Usual occupation. 11. Industry or busine 12. Name	homas Bur	eley () We		
10. Usual occupation. 11. Industry or busines 12. Name	homas Bur	ley () We rvér	Deceased) st Virginia	
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14. Maiden name 15. Birthplace 16. Informant	homas Bur Edith Sa Memorial Cumberla	ley () We arver We Hosp and, M	Deceased) st Virginia st Virginia ital aryland of Oct 72 4 (month) (day) (year)	
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Maryland Allegany City or town (If outside city or town limits, write RURAL and give nearest town) 1012 Ella Avenue Street No. (If rural, give LOCATION) 2.(a) ti veleran, name war .. 3. (b) Social Security Number MEDICAL CERTIFICATION October 21. 20. DATE DE DEATH 21. I CERTIFY_Draf death occurred on the date above stated: and that I last saw h. (Include pregnancy within 3 months of death) Major fiediogs of operations..... PHYSICIAN: Please ooderlice the caose to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide,..... Where did Injury occur?(City or town) Injured at home, farm, industry, public place (where?) Injured at work? Means of injury

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

FOR BINDING RESERVED MARGIN

OCT 28 1947

CERTIFICATE OF DEATH

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	Reg. Dist. No.
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For per loop infants give residence of mother)
County May July July July July July July July Jul	What lend . All same
(If outside city or town limits, write RURAL and give nearest town)	State. State County County
	City or town (If outside city or town mits, write RURAL and give nearest town)
ow long in above place of death?	(If outside city or town, mits, write NORAL and give nearest town)
ospital, institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
ow long In hospital or Institution?	2.(a) If veteran, name war
S. (a) FULL NAME	1 (1) 3. (b) Social Security Number
markage darail	Campbell
1. Sery 5. Color oyrace 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Charle Miles	10-1- 111 1/1 1/1 1/1
The time imale	2D. DATE OF DEATH. 19.7 at
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
,(b) Name of husband or wite	
S. (c) If alive, give ageyea	ors
1. Birth date of day v.) Sent 22 1947	and that I last saw halive on
deceased (mo., day, yr.) R & C.F. Years Months Days If less than one day	Immediate cause of death DURATI
S. AGE:	Virus freumonia
20mirsmir	n.
Cumberland and	Bue to.
9. Birthplace	Due 14
4B. Havel assurables	
1D. Usual occupation	Due to
11. Industry or business	
# 12. Name Harry Carrollell	Other conditions Edema of Body, Edema
12. Name Harry Carrielle 12. Name Daris M. Va	D Brain, marked.
	(Include pregrancy within 8 months of death)
14. Maiden name Butty Especial States Sal.	Major fiodiags of operations.
E 15 Richniger Rankman And	Date of op.
Name Ca Maril	Day Bloom
16. Informant 1871 4 And 1880	PHYStCIAN: Please underline the cause ta which death should be charged statistically.
Address a Creation and	
10-1 16 4h	22. VIOLENCE: It death was due to external causes, All In the following:
(Burial, eremation, or removat, Whigh?)	Accident, suicide, or homicide
Miller	Where did injury occur?
Cemetery or crematory	
Location Amberland Ind.	Injured at home, farm, Industry, public place (where?)
e : H. O.	Msans of Injury Injured at work?
18. Funeral director. at mo	Deputy Medical Examiner - Allegany
Address Complete las	1///
Latin -	23. SIGNATURE TO A STANDARD M. D. or other
10 Oct. 16 1847 Physicales.	
(Date rec'd by registrar) Registra	ar Address Date signed 10 19

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County ALLEGANY Cily or town CUMBERLAND, ND. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospilal, institution, or street address where death occurred: MEMORIAL HOSPITAL How long in hospital or institution? 3 DAYS	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State MARYLAND County ALTEGANY City or town (If outside city or town limits, vrite RURAL and give nearest town) Street No. 429 VIRGINIA AVE (If rural, give LOCATION) 2.(a) 11 veteran, name war.
GETHERMAN, MRETIN Merlin Francis	Catherman 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced SINGLE	MEDICAL CERTIFICATION 20. DATE DF DEATH. OCTOBER 21 19 47 at 10:15AM
6.(b) Name of husband or wife 7. Birth dale of deceased (mo., day, yr.) June 30, 1946 8. AGE: Years Months Days it less than one day 1 Year 3 Z.1 hrs. min. 9. Birthplace MARYLAND ALLEG. DESCRIPTION OF THE PROPERTY OF T	21. I CERTIFY that death occurred on the date above stated; that attended deceased from 19.4. 19.4
14. Maiden name NELSON, BETTY 15. Birthplace OHIO, Journa storing 16. Informant Next in Cathermon Address #29 Virginia Ave., Comberland, Mo 17. Burial and Date thereof. October 22,1947 (Burial, cremation, or removal. Which?) Cemelery or crematory Ech hart Cemetery Location Echhart Maryland 18. Funeral director Address Traffling reparallel.	Major findings of operations. Date of op. Antopsy results. PHYSICIAN: Please noderfine the cause to which desth should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of Injury Injured at work?
19. (Date rec'd by registrar) Registrar	Address 4 (Sum for Date signer 2 1/947

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

	re of DEATH 18621 Reg. Dist. No4
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex Male 5. Color or race Married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE DF DEATH Oct. 16, 19 47 , at 3:1
8.(b) Name of husband or wife. Alice McCormick 6.(c) If alive, give age. 73 7. Birth date of deceased (mo., day, yr.) Feb. 12, 1873 8. AGE: Years Months Days It less than one day 4 hrs. min. 9. Birthplace. Crown, county, and state) 10. Usual occupation. Retired freight clerk 11. Industry or business B. & O. Railway 12. Name. John Cole 13. Birthplace Virginia 14. Malden name. Susan Harper 15. Birthplace Virginia 16. Informant. Mrs. Alice Cole	Due to Due to Dither conditions (Include pregnancy within 3 months of death) Major findings of operations Date of op Antopsy results
Address 519 Henderson Ave. Cumberland Burial Burial Bate thereof. Oct. 19, 1947 (Burial, cremation, or removal, Which?) Cemetery or crematory. Hillcrest Cumberland, Md. Location. Charles L. George Address Cumberland, Md. 18. Funeral director. Cumberland, Md. 19. Oct. 19, 19, 47 Charles L. George Address Cumberland, Md. 19. Oct. 19, 19, 47 Registrar M.A. Registrar Registrar	

OCT 28 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CLRITICAL	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County Cliffort and Give nearest town) Street No. 1 4 3
3. (a) FULL NAME Frances Findly 6 4. Sep 5. Color of race 6. (a) Single, married, wildowed, or displaced Finally Robbits Financial	MEDICAL CERTIFICATION 20. DATE DF DEATH 20. DATE DF DEATH 3. (b) Social Security Number MEDICAL CERTIFICATION 19.44 7, a) 730 PM
8. AGE: Years Months Days If less than one day hrs. min. 9. Birthplace Manufacture (Town, county, and state)	21. I GERTHY that death occurred on the date above stated; that I attended deceased from 19. 10. 19. and that I last saw h. alive on 19.7. Immediate cause of death. DURATION Due to Due to
11. Industry or business 12. Name	Other conditions
Address 143 Wunejur St, Cumbuland Mch. 17. (Burial, cremation, or removal, Which?) Cemetery or crematory. Location. Location. 18. Funeral director. Address. Cumbuland. Mah. 19. G. J. 19. F. J. Hauter R. D. and Mch. (Date rec'd by registrar) Registrar	22. VIOLENCE: If death was due fo external causes, fill in the following; Accident, suicide, or homicide



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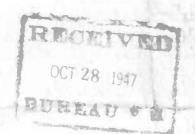
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

, CLRIII ICA	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Allegany	(For newborn infants give residence of mother)
City or town	State Md. Couoly Allegany City or town Midland (If outside city or town limits, write RUKAL and give nearest town)
How long in above place of death?	(If outside city or town limits, write KUKAL and give nearest town)
Memorial Hospital	Street No
How long in hospital or institution? about 6 hours	
	2.(a) tf veteran, name war
3. (a) FULL NAME Johnne P. Coleman	3. (b) Social Security Number 2.16-18-1333
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE DE DEATH O.C. t. 24
8.(b) Name of Austrand or wife and Campuingham	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6 (a) If all you give area	
7. Birth date of	and that I last saw RLill. ally de Co. C.
deceased (mo., day, yr.) Upril 28, 18	Immediate caose of death
8. AGE: Years Months Days It less than one day	Rupture of left side of diaphragm
60 0 26min.	& stomach forced in left pleural 7.1
midland allegany of Mike	Due cavity Hemothorax left side hours
9. Birthplace (Town, county, and atate)	abdominal hemorrhage.Fractured
10. Usual occupation Farmer	3rd.4th.25th ribs left side
11. Industry or business Hunter-Tipton Farm	Walking on road hit by Automobile
4 4 4	Other conditions Multipable abrasions &
E Z Name /	contusions over body & head.
	Fracture of the bottime of the state of the
# 14. Maiden name. Lelen Jughes	Major fiedings of operations
14. Maiden name Itelen Sight 15. Birthplace Tridland	Date of op.
Stance Colored and	Autopsy results. AS. A.DOY.C.
16, Informant	PHYSICIAN: Please underline the cause to which death about he charged statistically.
Address Midland, Md.	22. VtOLENCE: If death was due to external causes, fill in the following:
17. Bush al (Buriat, eremation, or removal, Which?) (Buriat, eremation, or removal, Which?)	Accident, suicide, or homicide
	near Midand Allegang Md
Cemetery or crematory Balve derl Cemelery	where did injury occur? Midland Allegany Md. (State)
Location Andland and	1/2 mileN.E. of Midlandighway (State)
On & all week	Means of Injury Hit by an Auto. Injured al work?
18. Funeral director (Control of Control of	Deputy Medical Examiner - Allegany Oc.
Address Lowaroning, Md.	23. SIGNATURE H. V. Deming M. D. H.V. Deming M.D. of Ver
19. (Date ree'd by registrat) (Date ree'd by registrat) (Date ree'd by registrat)	Address Cumberland Md Gate signed 10-24-4



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICA	TE OF DEATH Reg. Diat. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME Slorge Albert 4. Sex 5. Color or face Gal) Single, married, widowed, or divorced Practice Colored Character Charact	3. (b) Social Security Number 705-10-670/ MEDICAL CERTIFICATION 20. DATE OF DEATH.
6.(b) Name of husband or wife Blasse Italk 6.(c) If alive, give age year 7. Birth date of deceased (mo., day, yr.) 27, 1881	21. I CENTRE That death occurred on the date above stated: that I attended accessed from
8. AGE: Years Months Days If less than one day 9. Birthplace (Town, county, 90 state) 10. Usual occupation methred Chamber	Due to. Due to. Due to. Due to. Due to. Due to. Due to. Due to. Due to. Due to. Due to. Due to.
11. Industry or business Western M. Richard 12. Name Showed Combo 13. Birthplace Unk 14. Maiden name Unk 15. Birthplace Unk	Other conditions
16. Informant Mms. Mary Mytheus Address 119 S. Le SA Cumbuland Mil	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Date thereof. Office 29 1947 (Burial, cremation, or removal. Which?) Cemetery or crematory. Date thereof. Office 29 1947 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
18. Funeral director. Arrivo Stain Address	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? 23. SIGNATURE.
19. Oct. 28, 19.47 W. R. Syanty, M. L. (Date rec'd by registrar)	13375 a any M. D. or other

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MARYLAND STATE DEPARTMENT OF HEALTH

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CERTIFICAT	TE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother) State County City or town (If outside city or town limits ripe RURAL and give nearest fown) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME many Locathy 6	3. (b) Social Security Number
Jense 5. Color of race (S.(a) Single, married, widowed, or districted that the same of the	20. DATE DE DEATH 19.42 at 18.42 No. 21. I CERTIFY that death occurred on the date above states; that I attended deceased from
6.(b) Name of husband or wife 6.(c) If alive, give age 7. Birth date of deceased (mo., day, yi.) 8. AGE: Years Months Days If less than one day hrs. min. 9. Birthplace. (Town, eyonty, and state)	and that I last saw h
10. Usual occupation. 11. Industry or business 12. Name.	Due to Jeneral Carcenomatas
13. Birthplace Frostling of the String of th	(Include pregnancy within 3 months of death) Major findings of operations
Address 67 Front are Freshing, mo	Autopay results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) Cemetery or crematory (month (day) (year)	Whers did Injury occur?
18. Funeral director	Means of Injury Injured at work? Injured at work?
19. 10 - 11 19.4) Jus Yoully H- Rogistrar	Address Frosthing MyDate signed -0-47



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MARYLAND STATE DEPARTMENT OF HEALTH

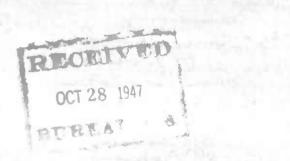
2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County allegany	(For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	\bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc
How long in above place of death? 13 45	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 17 Water St
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME Tyre Rose Do	3. (b) Social Security Number
	your
4. Sex 5. Color or race 6.(a) Single, married, widayed, or divorced	MEDICAL CERTIFICATION
Temale while widowed	20. DATE OF DEATH 6 CT 19 19 4 7 at 5:50 Pm
6, (b) Nama of husband or wife John 7. Dean	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
	Oct 18 1047 10 00 19 1947
7. Birth date of	and that I last saw h
deceased (mo., day, yr.) Cury Co., 1864	Immediate cause of death
0. 102.	<u> </u>
83 2 3hrsmin.	Butwo of neumonic I well
9. Birthplace (Town, county, and state)	Due to
07/	
10. Usual occupation	Due to
t1. Industry or business	9
12. Name John Sartolan 13. Birthplace Germany	Other conditions Line from Cultural from
	(Include pregnancy within 3 months of death)
14. Malden name	Major findings of operations
15. Birthplace Service	major pagiags of operations
18. Informant Paul Dear	Autopsy results.
Address 1711 Ten St- Campber land but	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: It death was due to external causes, till in the following;
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (peart)	Accident, suicide, or homicide
Cemetery or crematory St Muchaela	Where did injury occur?
Trostling 7.1.	Injured at home, farm, industry, public place (where?)
Location CO D JI-D	Means of injury injured at work?
18. Funeral director	
Address Cumberland Pland	OR SIGNATURE BY M. Showall
1. Ook, 21 must les Frant mid.	23. SIGNATURE
19. (Date rec'd by registrar)	Address Date signed OWN (E.Y)



Outside of City Eimits

WITH UNFADING INK, Supply every item of information carefully. The important, Physicians: please write the causes of death clearly and legible

PLAINLY, vis especially

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICAT	TE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: Gounty UlCourse (If outside day or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County Clip or Co
3. (a) FULL NAME Oynes Dean Diffen 4. Sex 5. Cotor or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Fernale White Wowed	20. DATE OF DEATH. October 5, 19 47 21 4:45 P.
6.(b) Name of husband or wife Climer E. Diffenburgh 8.(c) If alive, give age years 7. Birth date of	21. I CERTIFY that down occurred on the date above stated: that I attended deceased from 19.4 10 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4
8. AGE: Years Months Days If less than one day 7 3 9 19	Immediate cause of death DURATION DURATION DURATION
9. Birthplace Snew Rube Allegann Md. (Town, county, and state) 10. Usual occupation has use thinks	Due 10. 14. 14. 14. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15
11. Industry or business 12. Name Levend Dean 13. Birthplace Md.	Other conditions (Include pregnancy within 8 months of death)
14. Malden name Bandura Slider 15. Birthplace 16. Informant Charles H. Denn	Major findings of aperations. Date of op.
Address Washington, Ph 17. Charles Bate (month) (day) (year)	Actapsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Gemetery or crematory Seenmount Cometing Location Cumbuland Mil.	Where did injury occur?
18. Funeral director. Lamis & terry Sur. Address Cumbuland Md.	Means of Injury Injured at work? 23. SIGNATURE LIVE SHAWES LIVE SHA
19. Cet. 19 47 Hante Q Joseph Marcistras	M. Dor other

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information carefully. I

ADING INK. Supply every item of Physicians: please write the causes

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Reg. Dist. No.

county Allegany

			CERTIFIC	ATE OF DEATH Reg. D
City or town(13 How long in above pia Rospital, tostitution, 1.8.	Coutside city or town lines of death? or street address where Laing Av. (or Institution?	umberl	(If outside city or town limits, write RURAL Street No. 18 Laing Ave. (If rural, give LOCATION)	
4. Sex	5. Color or race		R. Dolan	MEDICAL CERTIFICA
Male	White	W	idowed	20. DATE DF DEATH. Oct. 24,
6.(b) Name of husbar	nd or wifeMary.		orth	21. I CERTIFY that death occurred on the date above stated; that I
			c) If alive, give age	years Jane 15 19 4 4 10
7. Birth date of deceased (mo., da)		y 25,	1865	and that I last sawh. alive on
8. AGE: Yes		Days	If less than one day	Immediate cause of death
8:	2 3	29	hrs.	min.
10. Usual occupation 11. Industry or busin 12. Name	Retires Carpe Andrew D Md. Casandra Maryl Mrs. Jose Laing Ave	nter olan Ham1 and ph Pa Cum bate ther eys B	nch, Md. lton gue berland, Md. cof Oct. 27, 194 (month) (day) (year) ranch Cem. Md. George	Due 10. Diher condition (Include pregnancy within 3 months of death Major fiedings of operations. Date Autopsy results. PHYSICIAN: Please underline the cause to which death shoul 22. VIOLENCE: If death was due to external causes, fill in the fell Accident, suicide, or homicide. Where did injury occur? (City or town) (Coulonged at home, farm, industry, public place (where?)
Address	Cumbe	rland	, Ma.	23_ SIGNATURE
19. Date rec'd by	25 1947 registrár)	w	R. Trautz. M. L.	D. Me in Collaboration

2.(a) If veteran, name war	lf rural, give L			
	1	3. (b) Social	Security No	mher
The state of		1/21	e .	
MED	ICAL CEI	RTIFICATI	ON	
20. DATE DF DEATH	Oct. 2	4	19. 47.	10:45R
and that I last sawh. alive	15 19 4	4. 4 to	Oct	19 19
Immediate cause of dish.		Rul	1	DURATION
5-		, ,		
Due to				
Due 10				*******************************
Other condition Se - Au	umla	metasta	~	
(Include pregna	ney within 8 mg	onths of death)		
Major fiedings of operations	Tun			
		Date of	op	
Autopsy results	e caose to which	h death should b		tistically.
22. VIOLENCE: If death was due	to external cause	es, fill in the follow	ing;	
Accident, suicide, or homicide	Us	Dat	e of	
Where did Injury occur?	City or town)	(County) (State)
Injured at home, farm, Industry, p	ublic place (whe	re?)		
		Injured at	work?	
Meens of Injury		mjureu at		

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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Reg. Diat. No ...

1. PLACE OF DEATH: County Allegeny				2. USUAL RESIDENCE (He	OME) OF DECEASED:		
				State Maryland County Allegany			
City or town			IRAL and give nearest town)				
How long in above place of death? 80 Yrs 2 Mo 28 Days			28 Days	City or town(If outside city o	berland or town limits, write RURAL and give nearest town)		
Mosnitat Institution, or street address where death occurred:					son St		
360 Davidson St				Street RO	If rural, give LOCATION)		
How long to hospital or Institution?			11 011 010 010 010 010 010 010 010 010	2.(a) If veteran, name war			
3. (a) FULL NAM	E				3. (b) Social Security Number		
Anna M Dorsey					None		
4. Sex	5. Color or race	B.(a)Single,	married, widowed, or divorced	MED	ICAL CERTIFICATION		
Female	Colored		Widow	2D. DATE OF DEATH	ober 31 1947 at 2-15 A.M		
	To low W/	Dames			the date above stated; that I attended degraced from		
6.(b) Name of husband	or witeet.OHIIIV.	DOFSE	y		er 1046 10 October 9/ 10 47		
7 Blith dala of	•••••		If alive, give ageyear	and that I last saw h.J.halive			
deceased (mo., day,	yr.) Augu	st 3 18	67	Immediate cause of death.			
8. AGE: Years	Months	Days	It less than one day	Distriction	A Orthon 100 111		
80	2	28	hrs,min				
9. Birthplace Com	berland, Al	Llegany	Co. Maryland	. Due to.			
In Heural accumpation		House					
		97		Due to			
11. Industry or busines		Manan					
12. Name				Other conditions			
	Uz	iknown		(Include pregnar	an within 2 months of death)		
H 14. Maiden name	Elizabe	eth Tap	er				
14. Maiden name 15. Birthplace		nknown		Major findings of operations			
					Oate of op		
16. Informant	John Don	rsey		Autopsy results			
454	Pine Ave,	Cumberl	and. Md.	PHYSICIAN: Please underline the	e cause to which death should be charged statistically.		
				22. VIOLENCE: If death was due	to external causes, fill in the following:		
17. Burial cremation	, or removal. Which?)	Date there	(month) (day) (year)	Accident, suicide, or homicide	Oate of		
	wood Wood			Where did injury occur?	ity or town) (County) (State)		
	~		ınd. Md.		of the place (where?)		
	***************************************			Meens of Injury	Injured at work?		
The second second			Kight Ma	0.	7 () D () 14 T		
Address	cumb	erland,	- Tu-	23. SIGNATURE	V: Howard XMV		
19. Nod.	19.4.7	Wi	R. Jantz, M.D.	P	land Md Oate signed M-1-4-7		

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

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		Reg. Dist. No.	/
PLACE OF DEATH:	2. USUAL RESIDENCE (HOME	OF DECEASED:	
ounty allegrany;	(For newborn infants give residence	e of mother)	
La sale Mission de	State maryland	County alles	any
y or town(If outside city or town limits, write RURAL and give nearest town)	· lance	aptorion	1
v long in above place of death?	City or town (If outside city or town i	innits, write RURAL and give	nearest town)
spital Institution, or street address where death occurred:			
allegany Hospital	Street No.	give LOCATION)	
w long In hospital or institution?	2.(a) If veteran, name war		
(a) FULL NAME	0	3. (b) Social Securi	ity Number
Walnut W +le	e h	71 .	
Sex 5. Cotor or race 6.(a)Single, married, widowed, or divorced	18/	CERTIFICATION	-
Sex 5. Color or race 6.(d) Single, married, widowed, or divorced	MEDICAL	CERTIFICATION	0 0
male nove marries	20. DATE OF DEATH Was	7 194	7 1 9 30
00 41.7		7	
(b) Name of husband or wite to lara Winking	21. I CERTIFY that death occurred on the dat		eceased from
	Seplember 3	19 4) to before	19
Birth date of A G G	and that I last saw halive on	The C	19 🚓
deceased (mo., day, yr.) Jan 19 1880	Immediate cause of death		DURATI
AGE: Years Months Days If less than one day	1 , 1	Malunto.	3 de
67 8 18min.	I miles to make		
0 0 10 10		1,7	
Birthplace T. Vw.	Due lo Cores um	- y un	2 Jun
Birthplace (Town, county, and state)	creen		
). Usual occupation	Calcums	_	
(RIT	Due 10		******
. Industry or business			
12. Name James N. + Les fel.	Other conditions		
12. Name farmes al. Fleekel.			
	(Include pregnancy with	in 3 months of death)	
14. Maiden name Sansan J. Usustota. 15. Birthplace 14. Va.	Major findings of operations		
15. Birtholace M. Val.		Date of op	
O- 1 10 Cileate			
informant James W. Filler	PHYSICIAN: Please underline the cause	to which death should be char-	red statistically
Address Comberland			Bon atametrany.
1 . 0 1/11/10/112	22. VIOLENCE: If death was due to extern	al causes, fill in the following:	
(Buriel, cremation, or removal. Which?) Date thereot (month) (day) (year)	Accident, sulcide, or homicide	Date of	
(Duries, cremation, or removal, winch;)			************************
Cemetery or crematory	Where did injury occur?(City or to	wn) (County)	(State)
with Eshart and	Injured at home, farm, Industry, public place		• • • • • • • • • • • • • • • • • • • •
Localion	Misens of triury	Injured at work?	
B. Funeral director Arms Sum Gas	misanis of tilling	injured at workt	11.1
1 1 1 0 1		111.	11/1
Address Amberland ma.	23. SIGNATURE CA	mung 9	
Nato 10 11 11 P Frank In M. D.	- C	M.	D. or other
9 (1 19 9) (1 17 18 18 18 18 18 18 18 18 18 18 18 18 18			

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MARYLAND STATE DEPARTMENT OF HEALTH

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DR. JAGDBSON	DEPARTMENT OF HEALTH narles St., Baltimore
CERTIFIC	ATE OF DEATH Reg. Diat. No. 4
1. PLACE OF DEATH: ALLEGANY	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County City or town City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Mospital, institution, or street address where death occurred: MEMORIAL HOSPITAL	State
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME MR. ARTHUR FOGLE	3. (b) Social Security Number
5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
MALE WHITE MARRIED	20. DATE OF DEATH OCTOBER 13, 1947 19.7; 10 at A.M.
EAURA V. POWELL FOGLE T. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day 7. Birthplace	and that I last saw h. Anii. alive on
16. Informant MRS. ELMER J. CARTER Address CUMBERLAND, MD.	Actors results
17 (Burial, cremation, or removal. Which?) Cemetery or crematory Location Location Date thereot. Out 15 1441 (month) (day) (year)	22. VIOLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide
18. Funeral director downs & land made and made	23. SIGNATURE M. D. or other

Address 50



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MARYLAND STATE DEPARTMENT OF HEALTH

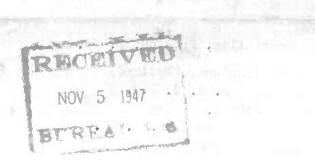
2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

			./
Reg.	Dist.	No.	4

I. PLACE OF D	EATH:	ny	(For newborn infants give residence of mother)			
County	Chimberles	ad .	State Maryland County Allegany			
City or town(If	outside city or town li	mits, write RURAL and give nearest town)		City or town. Cumberland. (If outside city or town limits, write RURAL and give nearest town)		
How long in above pla	ce ot death?	70 years				
Hospital, Institution,	or street address where	death occurred:		e.		
			(If rural, give			
			2.(a) It veteran, name war			
3. (a) FULL NAM	ME	Carren B. Berger		3. (b) Social Security Number		
		Clarence F. Fraley		705-07-6612		
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
Male	White	Widowed	20. DATE OF DEATH Oct. 27.	19.47 212:00 P.		
c (h) Name of hughes	ed or wife		21. I CERTIFY that death occurred on the date abo	ve stated: that I attended ecease ingn		
			8/10	19. 19.		
7. Birth date of			and that I fast saw hative on	0777111		
	yr.) July	Days If less than one day	Immediate cause of death	DURATION		
o. nou.				6 mil		
76		16min.	Sory My rughan			
9. Birthplace Ter	ra Alta, Pi	county, and state)	Due to/			
	V = 0	(Retired)				
			Due to			
	B. &.					
里 12. Name	John F. Fr	lta, W. Va.	Other conditions			
			(Include pregnancy within 3 i	months of death)		
当 14. Maiden nam	. Sarak V	loodard				
LOW 15 Birthniane	Frederick,	Maryland		Date of op.		
		Lewis	Autopsy results.			
			PHYSICIAN: Please underline the cause to w	hich death should be charged statistically.		
		Cumberland, Md.	22. VIOLENCE: It death was due to external cau	ises, till in the tollowing:		
17. Bu	rial	Date thereot Oct. 29, 1947 (month) (day) (year)	Accident, suicide, or homicide	Date of		
		rest Burial Park	Where did injury occur?(City or town)			
				here?)		
		d. Md.		Injured at work?		
18. Funeral director	William F	I. Kight	Means of injury	INJUICU AL WOINT		
Address C	umberland.	Md.	1 1/1	, (
			23. SIGNATURE	M. D. or other		
19. (Date ree'd by	registrar)	W. R. Frantz M. L. Registrar	Address	Date signed		



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2411 N. Charles St., Baltimore

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CERTIFICATE	OF	DEATH

2411 N. Char	rles St., Baltimore	1
CERTIFICA	TE OF DEATH	Reg. Diat. No.
1. PLACE OF DEATH: County City or town imits write RURAL and give noticest town) How tong in above place of death? Hospital, insiliution, or sireet address where death occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) (For newborn infants gife residence of State City or town (11 putside city or town limit Street No. (1f rural, give 2.(a) if veteran, name war.	ounty OUT A THE TOTAL STATE OF T
3. (a) FULL NAME	har	3.(b) Social Security Number 2 19-03-876
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male White Fidowed	^ / ·	CERTIFICATION 19.4.7
B.(6) Name of husband or wife. 6.(c) If alive, give age year 7. Birth date of	Oct 18 19	947 10 Oct 19, 194 18 18.4
8. AGE: Jean Months Days Viess than one day 9. Birthplace Person Allegamy Coty, 2014	Browchs - presumant	DURATIO 2 day
18. Usual occupation. Jan Grand Grand But Retired 11. Industry or business Senger, Greek Byg Venn val	Due to	
12. Name Alaska Stall grand grand 13. Birthpiace Olivernous	Dither condition the Macosis Astrico Selero (Include pregnancy within 8	
14. Maiden name United Million 15. Birthpiace Wife fengus	Major findings of operations.	Date of op
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WITH UNFADING INK. Supply every item of important. Physicians: please write the causes

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFIC	CATE OF DEATH Reg. Diat. No4
1. PLACE OF DEATH: County	Street No
ORVILLE CARLES Bartley Ga	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced MARRIED	MEDICAL CERTIFICATION 20. DATE OF DEATH OCT 22 197 at 2:30 Pm
6.(6) Name of husband or wife MILDRED BROADWATER 6.(6) If alive, give age 330 7. Birth date of deceased (mo., day, yr.) 73 23, 1907 8. AGE: Years Months Days If less than one day 2 29 hrs. 9. Birthplace MARYLAND (Town, county, and state) 10. Usual occupation Care factor 11. Industry or business City of Cumberland 12. Hame HARRY GARLITZ 13. Birthplace MD 14. Maiden name. HATTEE HUGHES 15. Birthplace MARYLAND 16. Informant Maryland 16. Informant Maryland 17. Borial Date thereof Care factor for Maryland 18. Date thereof Care factor for Maryland 19. Date thereof Car	Immediate cause of death
Cemetery or crematory this creat Consectory Location Comberland Male 16. Funeral director Address Comberland This Address Complete Comberland This Quanta (Date rec'd by registrar) 19. Oct. 24. 19.47 Mate Quanta Registrary	Where did injury occur?

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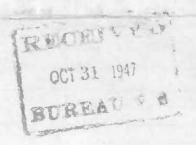
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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1. PLACE OF DEATH COUNTY. COUNTY. COUNTY. COUNTY. CITY or town. CITY performs to the state of the town plates, write RURAL and government town? State. City or town. CITY performs to the state of the town plates, write RURAL and government town? State. City or town. City performs to the state of the town plates, write RURAL and government town? State. City or town. City performs to the state of the state o	/	
State City or town City Color City Color City City	1. PLACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED:
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17 Date thereof (month) (day) (year) Accident, suicide, or homicide.	Address Loviacoursa, Ma	
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	(Burial, cremation, or removal, Which;) (month) (day) (year)	
Cemetery or crematory. (City or town) (County) (State)		
Location	Location Lymac Ming Man	
18. Funeral director M. Gickhow Means of Injury Injured at work?	18. Funeral director M. Birkhow	Means of Injury Injured at work?
Address I on acionina. Hid. Harry Wood - Jack		March North Dall
23, SIGNATURE WY M. D. or other	6 Page 7	23, SIGNATURE M. D. or other
19 Cet. In 194 Janualle Moode (Care re'd by registrar) Date signed 1/28/47	(Date ree'd by registrar) (Date ree'd by registrar)	Address Lunde land med Date signed 10/28/47



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23. SIGNATURE:

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2. USUAL RESIDENCE (HOME) OF DECEASED:

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Reg. Dist. No....

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How long in hospital or	Institution?	42	ore-	
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4. Sex	5. Color or race	6.(a)Single	married, widowed, or d	vorces
male	athit		marri	ed
B.(b) Name of husband	or wife Je and	sutt	ER.M.Shr	yre
***************************************		6.(c)	If alive, give age	67
7. Birth date of deceased (mo., day, y	· Selate	mires	17,18	76
8. AGE: Years	Months	Days	If less than one day	
7	/ /	3	hrs.	
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10. Usual occupation	Cars	ente	v /	
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15. Birthplace	Wales	,		
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16. Informant	hundred in for dether to	1	my de la	Providen
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Autopsy results	hich death should be obserted at	estistically.
22. VIOLENCE: If death was due to external ca	uses, fill in the following;	
Accident, sutcide, or homicide	Date of	
Where did injury occur?	(County)	(Chata)
		(State)
Injured at home, farm, Industry, public place (v	where?)	



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MARYLAND STATE DEPARTMENT OF HEALTH

CEDTIFICATE OF DEATH

porate limits	MARYLAND STATE DEPAR 2411 N. Charles St.		08637
	CERTIFICATE	OF DEATH	Reg. Diat. No.
1. PLACE OF DEATH: County (If outside eity or town limits, whow long in above place of death? Hospital, Institution, or street death of the street	Cliy	A	County Co
How long In hospital or Institution?		(If rural, gi	ve LOCATION)
3. (a) FULL NAME	Louise Gras	, in tectal, many was	3. (b) Social Security Number
Amale White	Sissingle, married, widowed, or divorced	MEDICAL O	CERTIFICATION 25 1947 at 2 19
6.(b) Name of husband or wife 6.1.	21. 1	CERTIFY that death occurred on the date a	112/- 12
8. AGE: Years Months Day 9. Birthplace bunks	ys If less than one day	rediate cause of death	DURAT
10. Usual occupation	iste	10	
12. Name 12. Name 13. Birthptate		(Include pregnoncy within 3	3 months of death)
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Address Comments (Burial, eremation, or removal, Which)	herland PHY.		which death should be charged statistically. auses, fill in the following;
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MARYLAND STATE DEPARTMENT OF HEALTH

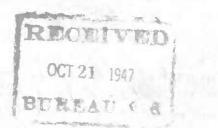
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CERTIFICATE OF DEATH

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CERTIFICAT	E OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County 7. 16 9 9 9 9 City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Couoly Allegan City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 218 (If rural, give LOCATION) 2.(a) Il veteran, name war
Walter Lynn Gray	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Single	MEDICAL CERTIFICATION 20. DATE DF DEATH. October 11 1947 213:35 P. N
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 22 Sept. 19 19 10 10 CT FOR 19 47 and that I last saw h alive on 19 9 7 Immediate cause of death Culturary Congletion DURATION
9. Birtholace Chrisberland Allegan, Md, (Town, County, and mode) 10. Usual occupation In Fair t 11. Industry or business 12. Name Malter Pa Gray 13. Birtholace Staten Island, N.Y.	Due to
14. Maiden name Dorothy Swarner 15. Birthplace Cumberland, Md. 16. Informant Walter P. Gray Address 218 Glenn St. Cumberland, Md.	Major findings of operations
(Burial, cremation, or removal. Which?) Cemetery or crematory The temperature Company	Accident, suicide, or homicide
19. Och 14, 19 47 W. A. Trauty, M. D. (Date rec'd by registrar) Registrar	23. SIGNATURE Clark Olar De Canson MD Address 4 Greane St. Cumberland 1.3 oct 4.



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) state. Md. County Allegany City or town. Cumberland (If outside city or town limits, write RURAL and give nearest town) street No. 122 South Liberty St. (If rural, give LOCATION) 2.(a) It veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Clifton R. Grose 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION Phone
male white Married	MEDICAL CERTIFICATION about 20. DATE DF DEATH Oct. 4 19 47 21 4 A.
6.(b) Name of husband or wife Lillian Friend 6.(c) If alive, give age 63 years 7. Birth date of deceased (mo., day, yr.) June 10, 1888	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19
8. AGE: Years Months Days It less than one day	Coronary occlusion at once
9. Birthplace Cumberland, Md. (Town, county, and state) 10. Usual occupation Attendant 11. Industry or business Auto Parking Lot 12. Name George W. Grose 13. Birthplace Wyandotte, W. Va.	Due to Sclerosis of the coronary arteries Due to Diher conditions Found dead in bed. (Include pregnancy within 3 months of death) Major findings af aperations.
14. Maiden name Anna Connor 15. Birthplace Cumberland, Md. 16. Informant Mr. Clarance Grose	Major hadiags at aperations
Address The Dingle, Cumberland, Md. 17. Burial Date thereof Oct. 6. 1947 (Burial, cremation, or removal, Which?) Cemetery or crematory. Rose Hill Cem. Location Cumberland, Md. 18. Funeral director Charles L. George Address Cumberland, Md. 19. Oct. 5. 19. 47 W.R. Graufs, M.S. (Date rec'd by registrar) Registrar	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFI	CATE	OF	DEATH

	TE OF DEATH Reg. Diat. No.	
1. PLACE OF DEATH: 1/29/AD 4 County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Streel No. 2.(a) If veteran, name war.	
CARRIE Amelia Gro	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Hernale White Wildow	MEDICAL CERTIFICATION 2D. DATE DF DEATH. 0 7 21/120	20
6.(b) Name of husband or wife Jesse Grand	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.4.7., 10. Oct 2.5. 19. and that I last saw h. C	47
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9. Birthplace Little Lings all ground Maryland state) 10. Usual occupation Domination 11. Industry or business Query home	Due to	<i>></i>
12. Name Referred Parish Francisco 13. Birthplace Muryfurd	Dither conditions Chranes my new Selfs 3 mc	onth
14. Maiden name. Marcha Mr Garran. 15. Birthplace Maryland 16. Interment. Mrs Joseph Lawrence.	Major findings of operations	
Address Williams Vid. 17. (Burial, cremation, or removal, Which?) Cemetery or crematory. (Allsa Cemeters)	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	
Location Westereyert Maniford 18. Funeral director Gelliswo-th & Boson	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?	
19. Octt 19 L J Bryskika Bor M. (Date rec'd by registrar) Registrar	Address Tielmon W. Date signed 10/27	1/27

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MARYLAND STATE DEPARTMENT OF HEALT

2411 N. Charles St., Baltimore

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CERTIFICA	ATE OF DEATH Reg. Dist. No		
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19. Ock 4 19 47 W. R. Frautz, M. A. (Date rec'd by registrate)	M. D. or other		

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

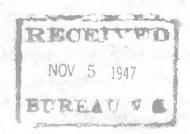
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CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DE		any	2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	F DECEASED: mother)	
City or town 927 Maryland Ave Cumberland Md.			state Md. County Allegany		
How long in above place of death? Hospital, institution, or street address where death occupies How long in hospital or institution?					
3. (a) FULL NAMI				3. (b) Social Security	Number
Mr	s. Clara	Hardy	and the second second	Toxe.	to the billion
4. Sox	s. Color or race	6.(a)Single, married, widowed, or divorced Widow	MEDICAL C	ERTIFICATION	about
6.(b) Name of husband	•	1	21. I CERTIFY that death occurred on the date abo		
6.(b) Name of husband			19.		
7. Birth date of	6. 1	6.(c) If alive, give ageyears	and that I last saw her.albeadQ		
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1D. Usual occupation		1 Home	Duo to arterioscleros:	is	years
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t4. Maldon name.		lan meter	Major findings of operations	••••	
15. Birthplace	. / .	ma		Date of op	
t6. Intermant	Post Ca	Andy.	Autopsy results	hich death should be charged	statistically.
Address 17	U. Which?	Date Ihereof (month) (day) (year)	22. VIOLENCE: It doa'th was due to external car Accident, suicide, or homicide		.,
Cemotery or cremato	0.	//	Where did Injury occur?(City or town)	(County)	(State)
LocationR	wal Com	Herland and	Injured at home, farm, industry, public place (w	rhero?)	
t8. Funoral director		Stein Inc	Meens of Injury Deputy Medical Exa	Injured at work? miner - Alle	gany Co.
Address	l	makerland	23. SIGNATURE H. V. Deming 1	I.D. H.V. Dow	
19. (Date rec'd by re	19.4.7	W. Franky M. D.	Addross Cumberland Md.	м. Б.	



MARYLAND STATE DEPARTMENT OF HEALTH.

2411 N. Charles St., Baltimore

08643

DR. W.F. WILLIAMS

CERTIFICATE OF DEATH

B

		Reg. Diat. No	***********
	SPITAL DAY	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) StatWEST VIRGINIA County GRANT City or town PETERSBURG (If outside city or town limits, write RURAL and give nearest town street No. (If rural, give LOCATION) 2.(a) If veteran, name war.	/
4. Sex 5. Color or race WHITE	6.(a)Single, married, widowed, or divorced SINGLE	MEDICAL CERTIFICATION 2B. DATE DF DEATH OCTOBER 5, 197 10:	25 P
6.(b) Name of husband or wite 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months 31 9. Birthplace	Bays If less than one day NIA County, and state)	and that I last saw h	19.4
14. Maiden name	IC BEE SHOBE	(include pregnancy within 1970 the of death) Major findings pl operations	216
16. Informant MEMORIAL F Address CUMBERLANT 17. (Burial, cremation removal, Which?) Cemetery or company Facility Location Personal Control 18. Funeral director Control Address		Antopsy results. PHYSICIAN: Please underline the couse in which death should be charged statistical 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	

NFADING INK. Supply every item of information carefully. The cort. Physicians: please write the causes of death clearly and legiply. MARGIN RESERVED FOR BINDING WRITE

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WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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08644

CERTIFICATE OF DEATH

Reg. Diat. No.

	Nog. Dist. Not.
1. PLACE OF DEATH NY	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother) MARYLAND CARRETT
City or town	State MARYLAND County GARRETT SWANTON
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
MEMORIAL HOSPITAL	(If rural, give LOCATION)
How tong in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
MR.RANDOLPH HARVEY	Marie
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
MALE WHITE MARRIED	
MARKIED MARKIED	20. DATE OF DEATH OCTOBER 19, 1947 19 12;50 A.M.
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
	et 17 1842, 10 Oct 19 1847
7. Birth date of MADON 1	and that I last saw how alive on Oct 18 - 1947
deceased (mo., day, yr.) MARCH 4, /87	Immediate cause of death DURATION
8. AGE: Years Months Days tiless than one day	Ammediate Capte of death
70 7 15hrsmin.	t les (\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \
MARYLAND	1 Bulling State of the Control of th
9. Birthplace(Town, county, and atate)	Due to.
FARMER	alas
1D. Usual occupation.	Due to
11. Industry or business SAMPSON HARVEY	
12. Name MARYLAND 13. Birthplace	Dther conditions
13. Birthplace	
<u>~</u>	(Include pregnancy within 8 months of death)
14. Maiden nameRACHAELBARNHOUSE	Major findings of operations.
	Date of op.
MEMORIAL HOSPITAL	Autopsy results.
CIMPERTAIN MD	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address COMBERTIANIO, MP.	22. VIOLENCE: If death was due to external chuses, fill in the following:
(Burial, cremation, or removal, Which2) Bate thereof Fronth (das) (year)	Accident, suicide, or homicide. A. C. C. C. Date of
(Burial, cremation, or removal, Which?) (month) Aday) (year)	
Cemetery or crematory	Where did Injury occur? (City or town) (County) (State)
Location Swanton ma	Injured at home, farm, Industry, public place (where?)
1) I Alacklass	Means of Injury Injured at work?
18. Funeral director.	1000
Address Blame WV	Wa. wan
Not 20 11 - 110 trout ms	23. SIGNATURE M. D. or other
19. (Date ree'd by registrar) 18 4 7 W. K. Nauk, M. A. Registrar	Address Comberland Date signed Oct 19-47
// August at	MARK SIGHER STREET

OCT 28 1947

MARYLAND STATE DEPARTMENT OF HEALTH

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1	N.	Charles	St.,	Baltimore	47

CERTIFICATE OF DEATH

DURATION

orrect age	2411 N. Charl	EPARTMENT OF HEALTH lea St., Baltimore TE OF DEATH	08645
information carefully. The form of death clearly and legible.	1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF I (For newborn infants give residence of mo State	ALLEGANY Pite RURAL and give nearest town A AVE.,
	MRS. KATHERYN L. HENSELL 4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced FEMALE WHITE MARRIED 6.(b) Name of husband or wife CHARLES HENSELL	MEDICAL CER 20, DATE OF DEATH	1947, 19
FOR BI ly every write the	7. Birth date of D deceased (mo., day, yr.) 5-28-10 8. AGE: Years Months Days If less than one day 27	and that I last saw h. Cr. alive on Immediate cause of death Circumstance	7, to Oet 15
MARGIN RESERVED NEXDING INK. Supp	9. Birthplace	Due to	amure 3
, WITH U	12. Name. JOHN TWIGG 13. Birthplace MARYLAND, Polish Mt., Alleg. Co. 14. Maiden name. DORA GOLDSBOROUGH 15. Birthplace MARYLAND, New Oldtown, Alleg Co. 16. Informant. Mr. John H. Twigg	(Include pregnancy within 8 mor	Date of op.
TE PLAINLY is especiall	Address 610 Va. Ave, Cumber land, Md 17. Buris, eremation, or removal. Which?) Cemetery or crematory. Hall Cvost Cometary	PHYSICIAN: Please underline the cause to which 22. VIOLENCE: If death was due to external causes Accident, suicide, or homicide	, fill in the following; Date of
VS A15 9.45.1 PLEASE WRIT	18. Funeral director Address 19. Co. 28. 19. 47. U.R. Trauta, M.A. (Date ree'd by registrar) Registrar	Injured at home, farm, Industry, public place (where Masna of Injury 23. SIGNATURE	Injured at work? M. D. on-other Date signed

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CERTIFICATE OF DEATH

CERTIFICA	ALE OF DEATH Reg. Diat. No.
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For no born infants git residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
6.(a) Single, merled survived, or divorced 6.(b) Name of husband or wife 6.(c) If alive, give age years	MEDICAL CERTIFICATION 2D. DATE DF DEATH. 21. 1 CERTIFY that death occurred on the date above stated: that I atjended deceased from 19. 42. 10. 20. 13. 19. 42. 19. 42. 19. 42. 19. 42. 19. 42. 19. 42. 19. 42. 19. 42. 19. 43. 19. 44. 19. 45. 19. 45. 19. 46. 19. 4
7. Birth date of deceased (mo., day, yr.) Och 16 18 76 8. AGE: Years Months Days If less than one day	Immediate que es death Depolyrico C DURATI
9. Birthplace (Town, county, and at a te) 10. Usual occupation (Town, county, and at a te) 11. Industry or business (Tables)	Due to. Due to
12. Name	Other conditions
18. Informant PMS Latherine Crityman Address	Autopsy results. PHYSICIAN: Please underline the cause to which death should he charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Cemetery or crematory.	Accident, suicide, or homicide
18. Funeral director description of the state of the stat	Means of Injury Injured at work?
19. Oct 16 19. 47 J. Lung Wolfe (Date recid by registrar)	23. SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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	Reg. Diat. 110
1. PLACE OF DRATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For proborn infants give residence of mother)
City or town. (If outside city or town limits, write RURAL and give nearest town)	State Manyland County Ullynny
(If outside city or town limits, write RURAL and give nearest town)	City or town
Hospital, Institution, or street address where death occurred:	Street No. 913 Franch
913 Hedersch St.	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war.
3. (a) FULL NAME Salvatore. In	2001 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
me Mute married	20. DATE OF DEATH OAT 16 1947, at 721
8.(b) Name of husband or wife asstronatta allazone	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	19.47 7, 10 MK / 6 19.44
7. Birth date of deceased (mo., day, yr.) Dec 17 188.3	and that I last saw harmalive on 157
8. AGE: Years Months Days It less than one day	Immediate cause of death
63 10 4mirs.	n. Oly as work from
9. Birthplace 9 tily	Que to.
(Town, county, and state)	VIC 14-10-10-10-10-10-10-10-10-10-10-10-10-10-
1D. Usual occupation.	Oue to
11. Industry or business Sheet West.	
12. Name A affali Indelfi 13. Birthpiace I Stoly	Dther conditions
13. Birthplace Stoly	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations.
15. Birthplace	
16. Informant Josephine Indolfs	Aotopsy results
Address 1913 Frederick St.	PHYSICIAN: Please moderline the cause to which death should be charged statistically.
17 Burial Date thereof 70/20/47	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Forth Street	Injured at home, farm, Industry, public place (where?)
18. Funeral director Caus Stein Inc.	Missne of Injury Injured at work?
Address 117 Frederick St.	00 61 11.00.
10. K = 2 11 R + + + m.	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar) Registra	The late of the la

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OCT 28 1947

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2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: (For newborn infants give residence of mother) City or town. (If outside city or town limits, write RURAL and give near st town) How long in above place of death?..... Hospital, institution, or street address where death occurred: (If rural, give LOCATION) How long in hospital or institution?. 3. (a) FULL NAME 3. (b) Social Security Number 5. Color or race MEDICAL CERTIFICATION 2D. DATE OF DEATH. 21. I CERTIFY that death occurred on the date above stated; that I attended eccased from 6.(b) Name of husband or wite.... 7. Birth date of deceased (mo., day, yr.) Days If iess than one day 8. AGE: tD. Usual occupation..... tt. Industry or business t3. Birthpiace (Include pregnancy within 3 months of death) t4. Malden na PHYSICIAN: Please noderline the cause to which death should be charged statistically 22. VIOLENCE: If death was due to external causes, fill in the following: Date thereof ... Accident, suicide, or homicide,..... (day) (year) Whers did injury occur?(City or town) Cemetery or cremetery Injured at home, farm, Industry, public place (where?) injured at work?

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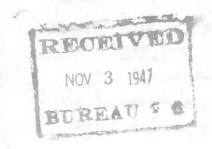
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(Date rec'd by registrar)



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

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1. PLACE OF DEATH: County Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town. 130 Green St. Cumberland Md. (If outside city or town limits, write RURAL and give nearest town)	State Md. County Allegany	• • • • • •
How long in above place of death?	City or town. Cimberland (If outside city or town limits, write RURAL and give nearest town)	
Hospital, institution, or street address where death occurred:	Street No. 130 Green St. ((frural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME/vilson	3. (b) Social Security Number	
William E. Keefer	Noue	1 2
4. \$8x 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION about	CAL C
Male White Widower	20, DATE DF DEATH OCt. 24 19 4.7, at 6	A M
6.(b) Name of husband or wife Maria Murray	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
	and that I tast saw h im all Dead Oct. 24 19.1	
7. Birth date of deceased (mo., day, yr.)	Immediate cause of death	
8. AGE: Years Months Days If less than one day	Coronary occlusion at on	nce
9. Birthplace Keystone, Penna (Town, county, and state)	Due to.	
to Usual occupation Cobbler		
11. Industry or business Shoe Repair shop	Due to	
12. Name	Other conditions arteriosclerosis	,
	(Include pregnancy within 3 months of death)	
14. Maiden nameAnnaGomer	Major findings of operations	
15. Birthplace Penna.	Date of op.	
16. Informant Mr. Elmer L. Keefer	Autopsy results	
Address 7 East Elder St. Cumberland, Md.	22. VIOLENCE: tf death was due to external causes, fill in the following:	
17. Burial Date thereof Oct 27. 1947 (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide	
Cemetery or crematory Zion Memorial Cem.	Where did injury occur?	
Location Cumberland, Md.	Injured at home, farm, industry, public place (where?)	
18. Funeral director. Charles L. George	Meens of Injury Deputy Medical Examiner - Allegany	20.
Address Cumberland, Md.	23. SIGNATURE H. V. Deming M.D. H. V. Deming M.	42
19. Det 25, 1847 W. R. Frantz, M. D. Registrar	Address Cumberland Md. Date signed 10-24/	47

ADING INK. Supply every item of Physicians: please write the causes



PLEASE WRITE PLAINLY, WITH ENFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and le

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MARYLAND STATE DEPARTMENT OF HEALTH

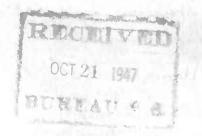
2411 N. Charles St., Baltimore

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CEDTIFICATE OF DEATH

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CERTIFICA	TE OF DEATH	Reg. Diat. No.
1. PLACE OF DEATH: County	City or town Alf ourside by outcom	Couoty
4. Sex. 5. Color or race 6.(a) Single, married, widowed, or divorced	10	3. (b) Social Security Number L CERTIFICATION 3. (a) 4.7 at 4.30 A.
6.(b) Name of husband or wife	and that I last saw h. E	Cet. 11 1347 Chiline 7 2 2 3 Condition 5 4 2 5
14. Malden name	Autopsy results PHYSICIAN: Ptease underline the cause 22. VIOLENCE: If death was due to extern Accident, suicide, or homicide	to which death should be charged statistically. nal causes, fill in the following; Dale of
19. Oct. 14. 19.47 W. R Frank M. D. Beristra	Address 110 S. Centre	M. D. or other St. Date algned 10-13-47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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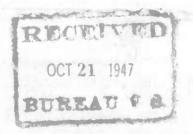
CERTIFICATE OF DEATH

				Keg. Dist. 140	
1. PLACE OF D			2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of r	DECEASED:	
City or town. C. um	berland Mo	1. B&ORRy office	State Md. Country or town. Cumberland (If outside city or town limits	dy Allegany	
Hospital, Institution,	or street address where d	leath occurred:	Street No. 29 Mary St. (If rural, give	LOCATION)	
3. (a) FULL NAI				3. (b) Social Security	WL
	ard J.Kno	11		705-09	
male	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION	2 15P
8.(b) Name of husbar	nd or wifePhoe	be Thompson Knoll	21. I CERTIFY that death occurred on the date about		
7. Birth date of	0		and that I last saw himaDoed		
deceased (mo., da)		m 33, 1888	Immediate cause of death		· DURATION
0. 1102.	9 Months	Days If less than one day 1 9	Coronary occlusion		
9. Birtholace. Cu	mbuland al	leging Mingland	Due to Sclerosis of the arteries	e coronary	about3
10. Usual occupation	Car Repai	2000420	Due to	***************************************	J. Gart. B.
11. Industry or busin					
원 12. Name	Ben Know		Dither conditions	****	
13. Birthplace	Semmen	~			
14. Malden nam	my m	gus	(tnelude pregnancy within 3 m		
2 15. Birthplace	Cermin	~	Major hodies of operations.		
	harbe Kull	V	Autopsy results		
	M C.	Cumbeland, My.	PHYSICIAN: Please underline the cause to wh		
Address 44	on, or removal. Which?)	Date thereof. 0 4 14 1947	22. V10LENCE: If death was due to external cause		
(Burial, cremati	on, or removal. Which?)	Bate thereof. (month) (day) (year)			***************************************
Cemetery or crem:	atory	I. mil	Where did Injury occur?(City or town)		(State)
Location	munn		Injured at home, farm, Industry, public place (wh		
18. Funeral director	& sink	ain, fu	Means of Injury Deputy Medical Exan	iner - Alleg	any Oa
	hubeland	ml	23. SIGNATURE H.V. Deming N		
		110++1			
(Date rec'd by	19.4.5	Registrar	Address Cumberland	McC Date signed	10-11-47

reet No. 29 Mary St. (If rural, give LO	CATION	
(a) If veteran, name war		
	3. (b) Social Security 1	
MEDICAL CER	TIFICATION	
D. DATE OF DEATH	19.4.7	at 2.15 P.
I. I CEKIIFY that death occurred on the date above s	tated: fhat I attended decea	sea from
nd that I last saw himaDondOc	t. 11	19. 4.7.
nmediate cause of death	••••••	· · · DURATION >
Coronary occlusion		about 5
et Sclerosis of the arteries	coronary	about3
re to		
her conditions		
(Include pregnancy within 8 mon	ths of death)	
ajor fiodiogs of operations		
utopsy results		statistically.
2. VIOLENCE: If death was due to external causes,	fill in the following:	
cident, sulcide, or homicide	Date of	
here did Injury occur?(City or town)	(County)	(State)
jured at home, farm, Industry, public place (where		
eans of Injury Medical Exami	Injured at work?	- O
enuty Medical Exami	Hel - wiles	enl on

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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Reg. Dist. No....

CERTIFICATE OF DEATH

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1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Allegany City or town Cumberland, (If outside city or town limits, write RURAL and give nearest town) Street No. 842 Gephart Drive (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
BERNARD FRANK LEWIS	2/4-07-0484
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE DF DEATH Oct. 17, 19 47 16:15 A
B.(b) Name of husband or wife. Julia V. Monahan B.(c) If allive, give age 53 years 7. Birth date of deceased (mo., day, yr.) July 20, 1891	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19
8. AGE: Years Months Days It less than one day 56 2 27 hrs. min.	Immediate cause of death Hent Levens 9974
B. Birthplace New York City, N. Y. (Town, county, and state) 10. Usual occupation Accountant 11. Industry or business Kelly-Springfield Tire Co. 12. Name Joseph C. Lewis New York	Due to
14. Maldon name Lillian Smith England	(Include pregnancy within 3 months of death) Major findings of operations
18. informant Mrs. Julia Lewis	Autopsy results
Burial Bate fhereof Oct. 20, 1947 (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due fo external causes, fill in the following; Accident, suicide, or homicide
Cumberland, Md.	Injured at home, farm, industry, public place (where?)
1B. Funeral director. Charles L. George	Masens of Injury Injured at work?
Address Cumberland, Md.	23 SIGNATURE W. alfred Vn Dime
18. Oct 19 19 47 W.P. Track M.A. Registrar	23. SIGNATURE M. D. or other Address Cumberles Date signed 1800 F)

OCT 28 1947

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

eg. Diat. No.

1. PLACE OF DEATH: County City or town (1f putside city or town lights, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
How long in above place of death?	State Dounty City or town (If outside city or town limits, write RURAH and give nearest fown) Street No. 8
How long In hospital or Institution?	
3. (a) FULL NAME John J. Leuro	3. (b) Social Security Number 2/7-10-426
4. Sex 5. Color or race 6.(a) Single, married, widowed, or dispriced	MEDICAL CERTIFICATION 20. DATE OF DEATH OF DEATH 19 47 21 47
6.(b) Name of husband or wife	21 LEERTIFY that dealb occurred on the date above stated: that I attended deceased from Sptender 2 7 19 4 7 to October 4 19 4 8 and that I last saw h Malive on October 4 19 4 19 4 19 4 19 4 19 4 19 4 19 4 1
8. AGE: Years Months Days It less than one day 2 4 hrs. min 8. Birihplace	Chebral Gemorrhage 24
11. Industry or business (elicande Confo ## 12. Name	Olher conditions
Address 68 9500 St. Troffung M. 11. Burial, eremation, or removal. Which? Cemetery or cremajory. Cemetery or cremajory. Cemetery or cremajory.	Autopsy results. PHYStCIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the tollowing: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State)
Location Frankling Jano	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
18. Funeral director. Address 19. 10-7 19. 47 Mus. Mauly & R.	23. SIGNATURE A.C. Diehl M. D. O. M. D. O. C. Y. Baddress Frottung Med. Date eigned 10.6. Y

WITH UNFADING INK. Supply every item of information carefully. The important. Physicians: please write the causes of death clearly and legib

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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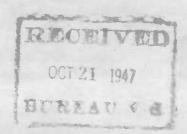
CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Allegary	" Charles of Williams
City or town (If outside city or town limits, write RURAL and give nearest town)	State County County County
How long in shove place of death? 75 yrs.	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 337 Viginia are
337 Ungmed me	(If ural, give LOCATION)
How long In hospital or Institution?	2.(a) If vetersn, name war
3. (a) FULL NAME	3. (b) Social Security Number
Conthea & in	deman More
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
timele White Widowed	20. DATE DE DEATH. Oct 14 19. 47, 21 7. 45
0-1.4. 1	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
5,(b) Name of husband or wife	"" elet, 100 47. Out: 14 4
T. Sirth date of	srs and that I last saw he railive on Oct. 14-6 18-4-
deceased (mo., dsy, yr.) march 22 1861	Immedia: cause of death DURATION
8. AGE: Yesrs Months Days If less than one day	Mean 10 de
86 6 22hrs.	in.
14 guston and	arterioselmona 5-ye
9. Birthpisce	Chaquie Alamerulak pollaritai
10. Ususi occupation Atrassante	/"/25/47 a5
11. Industry or business at Itme	Due to
12. Name Attro Wattlehansky.	Dther conditions
□ 13. Birthpisce	(Include pregnancy within 8 months of death)
14. Malden name / Amazal miderita 15. Birthplace Sermany	Major findings of operations.
15. Birthplace Dermany	Date of op.
16. Informant Ino Edgar Herron	Antapsy results
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
B . 0 10.1 10 11	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removel. Which?) (Burial, cremation, or removel. Which?)	Accident, suicide, or homicide
Cemetery or crematory St Linkes Cems.	Where did injury occur?
Promote On of on of	Injured at home, farm, Industry, public piece (where?)
Location Control Contr	Meens of Injury Injury Injury Injured at work?
18. Funeral director. Zama Sum Jane	magnis of militia
Address Emmbralered	& Lucros
(01)	23. SIGNATURE M. D. or other
(Date rec'd by registrar) (Date rec'd by registrar)	ar Address Crasberland Date signed 15/47
// ************************************	

PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and WRITE PLEASE SA

MARGIN RESERVED FOR BINDING



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.

			CERTII TOIL	D OI DEPIII	
1. PLACE OF DEA	ATH:	11		2. USUAL RESIDENCE (HOME) Of (For newhorn infants give residence of the state of th	F DEC
County	A	Tregan	У		
	Charme had	- T - W -		State Maryland Cou	aty
(If or Now long in above place	of doath?	imits, write I	PURAL and give nearest town)	City or town	, write
Hospilal, Institution, or		doath occurre		Street No. 118 Bedford	St
How long In hospital or			ars	(If rural, give 2.(a) If voleran, name war	
3. (a) FULL NAME					12/
S. (u) POLL NAME		Laura	Long		3. (
4. Sex	5. Color or race	6.(a)Sing	ie, married, widowed, or divorced	MEDICAL CE	ERTI
Female	White	-35.0	Widow	A. The state of th	12
	Andr	ew Lon	g	21. I CERTIFY that death occurred on the dato abo	
				Dec	46
7. Birth date of		6. (c) If alive, give ageyears	and that I last saw her alive on	-
deceased (mo., day, y	r.) J	une 5	1861		
8. AGE: Years		Days	It less than one day	Immediate cause of death	- 0
86	4	7	hrs	Tmyo Cardial to	nin .a.
	-			170	
9. Birthplace	lerton, Pa	county, and	afate)	Due to Ckrowne myo	CAN
				7.1	
10. Usual occupation		попро	44.01.01.02.02.02.00.00.00.00.00.00.00.00.00.00.	Due to.	
11. Industry or business		***			
当 12. Namo	Willi	am Ale	xander	Other conditions	
13. Birthplace	E	lderto	n Pa		
	Eliz	eheth	(Unknown)	(Include pregnuncy within 8 m	nonths
14. Maidon name 15. Birthplaco				Major findings of operations	
		lderto			
16. informant	Mrs. Eth	el Pat	ton	Autopsy results	
			erland, Md.	PHYSICIAN: Please underline the cause to wh	ich des
			A STATE OF THE PARTY OF THE PAR	22. VIOLENCE: If death was due to oxternal cau	ses, fill
(Burial cremation	or removal. Which?	Date tho	reof. 10/14/47 (month) (day) (year)	Accident, suicide, or homicide	
			Cemetery	Where did Injury occur?(City or town)	
Location	Pit	tsburg	h. Pa.	Injured at home, farm, Industry, public place (w)	here?) .
18. Funoral director	Willia	m H. K	ight	Means of Injury	
Address	Cumbe			22 SIGNATURE CALLEST	0
A /	fistrar) 19.4.7			23. 010881082	11
(Date rec'd by re	(istrar)	····	Registrar	Addross 110 S. Centre B	

StateMaryls	und Cou	aty ALL	ogany	
City or town(If ou	Cumberland.	, write RURA	L and give neur	est town)
Streot No	118 Bedford			
2.(a) If voleran, name w	ar			
		3. (b) So	cial Security N	lumber
			None	
	MEDICAL CI	ERTIFIC	ATION	
2D. DATE DF DEATH	October	12	19.47	at 1 P
	h occurred on the dato abo			
Dec		46 10 6	Vet 12	19.47
and that I last saw h	Lalive on	x. 11		19.4.7
Immediate cause uf de	11 11 11	ailure		ouration S
1				/
Due to Chron	ic myo	corde	fis	8423
Sen		****************		
Due to		******		***************************************
Othor conditions				
(Inclu	de pregnuncy within 8 :	months of deal	th)	
Major findings of uper-	ations			
***************************************			ato of op	
Autopsy results PHYSICIAN: Please u	nderline the cause to w	hich death sho	utd he charged :	tatistically.
22. VIOLENCE: If dea	th was due to outernal cau	ises, fill in the	tollowing:	
Accident, suicide, or he	micide	•••••	Date of	
Where did Injury occur	(City or town)	(C	ounty)	(Stute)
Injured at home, farm,	Industry, public place (w	here?)		
Msans of Injury		Injur	ed at work?	
	7101	0	-1-	6
23. SIGNATURE	urant.	Jour	s pu.	P.

USUAL RESIDENCE (HOME) OF DECEASED:
(For newhorn infants give residence of mother)

Within corporate limits

rect age

ADING INK. Supply every item of Physicians: please write the causes BINDING FOR RESERVED MARGIN

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WRITE

PLEASE



PLEASE WRITE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08656

CERTIFICATE OF DEATH

Dist. No.

	CERTIFICAT	E OF DEATH	Reg. Dist. No.
	2. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF I (For newborn infants give residence of mo State	CATION)
	Character Of the		
	4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CEF	2 19 47 21 3 4 T
	6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above	
	7. Birth date of deceased (mo., day, yr.) Faturacy 18 1875	and that I last saw h. Associate on	19. Y.
	8. AGE: Years Months Days filess than one day 14	PHober pm	umonia 2 day
	9. Birthplace Satesville Kester Jenas. R. + (Town, county, and state)	Due to	
	10. Usual occupation. Reured	Due to	
	11. Industry or business Harmonia Harmo	Dither conditions and figures of the said disease	rotic
	14. Malden name J. Sarriex Ridge 15. Birthplace Pennsylvania.	(Include pregnancy within 3 mor	
	15. Birthplace Clansylvania.	Major Radiase of operations.	
	16. Informant Jacks Nuclecks	Autopsy results	
	Address Trostlying Ma.	22. VIOLENCE: It death was due to external causes	s, fill in the tollowing;
	(lightial, cremation, or removal, Which?) Date thereof. (day) (year)	Accident, suicide, or homicide	
-	Cemetery or crematory	Where did injury occur?(City or town) Injured at home, farm, industry, public place (where	
L	Location	Meens of Injury	tnjured at work?
	18. Funeral director	Hildu O	cue les the Un
	Address Mostling Marian & Rose	23. SIGNATURE	M. D. or other
	(Date rec'd by registrar)	Address Address	Date signed LONAY

OCT 7 1947

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Waller ice	Dr.	Richard	le	Illian	4

MARYLAND STATE DEPARTMENT OF HEALTH of

2411 N. Charles St., Baltimore

08657

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State WEST VIRGINIA County Management of the We
3. (a) FULL NAME MRS. VERDA MALCOLM	3. (b) Social Security Number
FEMALE 5. Color or race 6.(a)Single, married, widowed, or divorced MARRIED	MEDICAL CERTIFICATION 20. DATE OF DEATH OCTOBER 3, 1947, 21 5:30
8. (b) Name of husband or wife	21. LERTIFY that death occurred on the date above stated; that bettended receased from 19. 19. 19. 19. 19. Immediate cause of death
17. Dusca (1947) Returnal, cremation, or removal. Which? Date thereof (1947) (month) (day) (year) Location (1948) 18. Funeral director (1948) Address (1948) (Date rec'd by registrar) Date thereof (1947) (month) (day) (year) (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide

1 ... V

- NATIONAL TO AVEN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1276

Reg. Diat. No. 4

08658

CERTIFICATE OF DEATH

	Reg. Diat. No.
PLACE OF DEATH: ounty ty or town. (If outside city or town limits, write RURAL and give nearest town) ow long in above place of death? ow long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mether) State
Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	3.(b) Social Security Number 193-14-728/ MEDICAL CERTIFICATION
M Warried.	20. DATE OF DEATH October 1, 1947, 21 1:45PM
(b) Name of husband or wife Anny Cannaing Anny S.(c) If alive, give age 42 years Birth date of deceased (mo., day, yr.) AGE: Years Months Days If less than one day 41 3 22 hrs. min. Birthplace 70 years Months Days If less than one day 1. Industry or business Dayry	21 Charlet that death occurred on the date above stated; that Lattended deceased from 19. 7. 10. 19. 7. and that last saw be a alive on 18. 7. Impedials cause of death
12. Name Simeon M. Mallow 13. Birthplace Pendleton Co., W. Va.	Other conditions
14. Maiden name Lella Mallow 15. Birthplace Pendleton Co., W. Vo., 6. Informant Jimen YI. Mallow	Major findings of operations. Oate ot op.
Address TSt. Z. Flintstone, Md. Burial Cremation, or removal, Which?) Cemetery or crematory Hillerest Cometery Cometery or crematory	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Company Compa	Where did Injury occur? (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
	M. D. or other,

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OCT 7 1947

TO THE REAL PROPERTY OF THE PARTY OF THE PAR

PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

A //	
. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (Ear newborn infants give residence of mother)
unty	State I Mary and County Miles Array
y or town	14
r long in above place of death?	City or town
spital, institution or street address where death occurred	Street No. DOWNSON (MC)
Daylas veve,	Alf rural, give LOCATION)
w long in hospital or institution	2.(a) If veleran, name war
Julia Theresa Dolan Mis	3. (b) Social Security Number
Ser 5. Color or race 6.(a) Single, married, widowed, or divorce	MEDICAL CERTIFICATION
Flewale Mite, married	20. DATE OF DEATH October 21 1947 at 103
(b) Name of husband or wife home of husband of Ship	21.1 CERTIFY that death occurred on the date above stated; that I attended deceased from
	re
Birth date of deceased (mo., day, yr.) Aug 24 1872	and that I last saw halive on
AGE: Years Months Bays It less than one day	Immedia_cause of death
75 1 29 hrs. 1	
m'Mon Cumberlander	Intertinal Colities 140
Birthplace (Town, county, and state)	Bulget 7 months
). Usual occupation House work	Due to.
1. Industry or business Own home	
12. Name Dennis Sovan	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name ann muray 15. Birthplace Juland	
as Butteline - 11.1 and de	Major findings of operations.
(In a man Stare la mar	Date of op.
3. Informant This fluid of the state of the	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address , Maconny , and	22. VIOLENCE: If death was due to external causes, fill in the following;
7 / Quual (Burial, cremation, or removal, Which?) Bate thereof / (mygnth) (day) (year)	Accident, suicide, or homicide
Cometery or crematory St. Michael Server	Where did injury occur?
Location Justination and	Injured at home, farm, industry, public place (where?)
8. Funeral director. In Sichham	Means of Injury Injured at work?
	5 A Clarent
Address L-macymnva (IVA	23. SIGNATURE
My 24 1 1	M, D. es other



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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08660

CERTIFICATE OF DEATH

Reg. Diat. No.

_/	
1. PLACE OF DEATH: County Clegaria	2. USUAL RESIDENCE (HOME) OF DECEASED: (For Dewborn infants give residence of mother)
City or town	State Stary County Children
How tong to above place of death?	City or town
How long in hospital or institution? 2.3 danger	(If rural, give LOCATION)
3. (a) FULL NAME	2.(a) It veteran, name war
Thelep miller	3. (b) Social Security Number 14-05-75
4. Sax 5. Color or race (6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. CO. L. 14 1947, pt. 357
8.(b) Name of husband or wife Degalith Itollel	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) FIF 6 1873	and that I last saw h
8. AGE: Years Months Days If less than one dayhrs.	Immediate cause of death Dissushagements Carcumonus 8 mg
9. Birthplace	Due to Arthrop Cleron
10. Usual occupation	Oue to.
12. Name Philip Onilly 13. Birthpiace Assessment	Other conditions
14. Maiden name AMA MANAGEMENT 15. Birthplace Granage.	(Include pregnancy within 3 months of death) Major findings of operations.
2 15. Birthplace	Date of op.
16. Informant. Dans Wag State Control of the Contro	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address La late My	22. VIOLENCE: It death was due to external causes, tilt in the tollowing:
(Burial, cremation, or remoyal, Which?) (month) (day) (year Cemeiery or crematory	Where did injury occur?
Location Constitution	(City or town) (County) (State)
13. Funeral director Assaira Stair Das	Means of Injury Injured at work?
Address Compferland	23. SIGNATURE TUCCEOSON ALLE
19. Oct /6 19 47 Martin R Unang /(Date rec'd by registrar) Reg	13 126 Willows Sucheland Maje signed 10/15/4

OCT 21 1947
BUREAS CR

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08661

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Allegany The rewall and Divide and give research town Memor 1817 170351 1817 1818 Monitor town Allegany The long and the state of sealth. Monitor town Allegany The rewall address where death occurred. Monitor town Allegany The rewall address where death occurred. Monitor town Allegany The rewall address where death occurred. Monitor town Allegany The rewall address where death occurred. Monitor town Allegany The rewall address where death occurred. Monitor town Allegany The rewall address where death occurred. Monitor town Allegany The rewall address where death occurred. Monitor town Allegany The rewall address where death occurred. Monitor town Allegany The rewall address where death occurred. Monitor town Allegany The rewall address where death occurred. Monitor town Allegany The rewall address where death occurred town. Monitor town Allegany The rewall address where death occurred town. Monitor town Allegany The rewall address where death occurred town. Monitor town Allegany The rewall address where death occurred town. Monitor town Allegany The rewall address where death occurred town. Monitor town Allegany The rewall address where death occurred town. Monitor town Allegany The rewall address where death occurred town. Monitor town Allegany The rewall address where death occurred town. Monitor town Allegany The rewall address where death occurred town. Monitor town Allegany The rewall address where death occurred town. The rewal				
Coasty Manual Legany Memor 1829 175 175 175 175 175 175 175 175 175 175		2. USUAL RESIDENCE (HOME) OF DECEASED:		
Street No. 119 Blaul Aye.	County			
Street No. 119 Blaul Ave. (15 course race (15 course (15 course race (15 course (15 cour	city or town In ambulance route#40. to the			
Street No. 119 Blaul Aye.	Memor 1821 TIOSPI USI . With and give heatest with	City or town. Cumberland (If outside city or town limits, write RURAL and give nearest town)		
Now long in hospital or institution? 2.(a) If referen, name way 3. (b) Social Security Number 3. (c) Full NAME 3. (b) Social Security Number 4. Sax 5. Solive or race 5. (a) Single, married, widowed, or divorced 4. Sax 5. Solive or race 5. (a) Single, married, widowed, or divorced 4. Sax 5. Solive or race 5. (a) Single, married, widowed, or divorced 4. Sax 5. Solive or race 5. (a) Halve, give age 7. Suith date of 7. Suith date o				
3. (a) FULL NAME Jeach W. Ningt 4. Set Jeach W. Ningt 6. (b) Name of husband or wife Blank E. Pros 5. (c) It aller, give age 76 S 1 S 1 hrs. 8. AGE: Years Months Crown, county and date) 10. Usual occupation. Current County 11. Indictor or business 12. Informant 13. (b) Social Security Number MEDICAL CERTIFICATION 20. DATE OF DEATH OC.L. 26 19. 47. 31. 6. 30 Pm 21. ICENTIFY that death occurred on the date above stated: that I altereded deceased from 19. 15. Other date of the state of the state of the state occurred on the date above stated: that I altereded deceased from 19. 15. Other date of the state occurred on the date above stated: that I altereded deceased from 19. 16. Other date occurred on the date above stated: that I altereded deceased from 19. 17. Burth date of the state occurred on the date above stated: that I altereded deceased from 19. 18. AGE: Years Months 19. AGE: Tract Months 19. AT 7. 31. 6. 30 Pm 20. DATE OF DEATH OC.L. 26 19. 47. 31. 6. 30 Pm 21. It certify that death occurred on the date above stated: that I altereded deceased from 19. 19. AGE: Tract Months 19. AGE: Tract Months 19. Other of DEATH OC.L. 26 19. 47. 31. 6. 30 Pm 20. DATE OF DEATH OC.L. 26 19. 47. 31. 6. 30 Pm 21. It certify that death occurred on the date above stated: that I altereded deceased from 19. 19. AGE: Tract Months 20. DATE OF DEATH OC.L. 26 19. 21. Indicates of the Months 22. Months 23. Signature Has Very months of deceased from 19. 24. To Committee of the State of the Committee of the C				
4. Sex	How long in hospital or institution?	2.(a) If veteran, name war		
MEDICAL CERTIFICATION MEDICAL CERTIFICATION MEDICAL CERTIFICATION MEDICAL CERTIFICATION 10. Name of husband or wife. Sharing widowers. Will alley give age. 10. Shirth date of decaded (mo., day, yr.) 11. Shirth date of decaded (mo., day, yr.) 12. Name of husband or wife. Sharing with a sharing widowers. Sharing widowers. 12. Name of husband or wife. Sharing with a sharing widowers. Sharing widowers. Sharing with a sharing widowers. Sharing wi	3. (a) FULL NAME	3. (b) Social Security Number		
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8. (b) Name of husband or wife. Rlanch E Pros. 5. (c) It aller, give age. 5. (d) It aller, give age. 6. (d) It aller, give alle	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
18. Birth date of decased (mo., day, yr.) 8. AGE: Years Months Days Hiles than one day 76 Shringhace Characteristics of the conditions Compound fracture of both 10. Usual occupation Authorized Date of 10. Birthplace 11. Maiden name Shringhace 12. Name Characteristics of the conditions Compound fracture of both 13. Birthplace Characteristics of the conditions Compound fracture of both 14. Maiden name Shringhace 15. Birthplace Characteristics of the conditions Compound fracture of both 16. Informant Characteristics of the conditions Compound fracture of both 17. Birthplace Characteristics of the conditions Compound fracture of both 18. Informant Characteristics of the conditions Compound fracture of both 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	Male white widower	20. DATE OF DEATH OC t. 26 19 47 21 6 - 30Pm		
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8. AGE: Years Months Days If less than one day 76	7. Birth date of no no 1971	and that I last saw h im aboad Oct a 26 19 47		
8. Birthplace. Child and Cr. Mal. 10. Usual occupation. Devention and date) 11. Industry or business 12. Name. Children and Crossing highway. 13. Birthplace Compound fracture of both lower legs, fractured pelvis. 14. Maiden name. Children and Crossing highway. 15. Birthplace Compound fracture of both lower legs, fractured pelvis. 16. Informant. Compound fracture of both lower legs, fractured pelvis. 17. Major fieldings of operations. 18. Informant Compound fracture of both lower legs, fractured pelvis. 19. Informant. Compound fracture of both lower legs, fractured pelvis. 19. Informant. Compound fracture of both lower legs, fractured pelvis. 19. Informant. Compound fracture of both lower legs, fractured pelvis. 19. Informant. Compound fracture of both lower legs, fractured pelvis. 19. Informant. Compound fracture of both lower legs, fractured pelvis. 19. Informant. Compound fracture of both lower legs, fractured pelvis. 19. Informant. Compound fracture of both lower legs, fractured pelvis. 19. Informant. Compound fracture of both lower legs, fractured pelvis. 10. Water legs, fractured pelvis. 11. Major fieldings of operations. 12. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Aut. O. Accident failed by Cumpound fracture of both lower legs, fractured pelvis. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Aut. O. Accident failed by Cumpound fracture of both lower legs, fractured pelvis. 10. Location of permission of the cause to which death should be charged statistics. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Aut. O. Accident fails of the cause to which death should be charged statistics. 23. SIONATURE H. a. V. Demt. Compound fracture of both lower legs of the cause to which death should be charged statistics. 24. Information of the cause to which death should be charged statistics. 25. Information of the caus	deceased (mor, wa);)1	Smintchiste Curac of Actual.		
8. Birthplace. Characteristics and states an	O. RUL.			
10. Usual occupation North Nor	10	crushed chest, right side. minutes		
10. Usual occupation North Nor	Blitholace Ehland allegum Co. Md.			
12. Name. Clarifolians Compound fracture of both 13. Birthplace Compound fracture of both 14. Maiden name. Clarifolians Compound fracture of both 15. Birthplace Compound fracture of both 16. Informant Model Compound fracture of both 17. Birthplace Compound fracture of both 18. Informant Model Compound fracture of both 19. Blue Compound fracture of both 10. Wer legs, fractured pelvis. Major fieldings of operations. Major fieldings of operations. Major fieldings of operations. Major fieldings of operations. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: 18. Function Compound fracture of both 19. Wear legs, fractured pelvis. Major fieldings of operations. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: 19. VIOLENCE: If death was due to external causes, fill in the following: 22. VIOLENCE: If death was due to external causes, fill in the following: 10. Compound fracture of both 11. Informant Major fieldings of operations. 12. VIOLENCE: If death was due to external causes, fill in the following: 12. VIOLENCE: If death was due to external causes, fill in the following: 13. SIGNATURE AUTOR MAJOR				
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14. Maiden name 14. Maiden name 15. Birthplace 15. Birthplace 16. Informant 16. In	13 Birthplace Cermen			
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Injured at home, farm, Industry, public place (where?) highway 18. Funeral director where the farm automobile Address 23. SIGNATURE H. A.V. Deminer M.D. H.V. Deminer M.D.		about 4 miles west of Allegany Md.		
18. Funeral director during Stern June Means of Injurwalking across himseway, hit by Deputy Medical Examiner an automobile Madress William M.D. H. U. Deming M.D. H. U. Deming M.D. H. U. Deming M.D.	O O O O O	Route 40 Cumpus highway		
Address unlearlant M.D. H. V. Denning M.D. H. V. Denning M.D.	Location My Manual My M.	Injured at home, farm, Industry, public place (where?)		
Address unlearlant M.D. H. V. Denning M.D. H. V. Denning M.D.	18 Funeral director downs Stein In.	Means of Injuryal King across ningaway, nit by		
19. Och 7 5 1947 W. R. trauta M. D. Signature H. a.V. Deming M. D. Sher M. D.		populy modical examiner witefally		
19. U.K. Waula M. Cumberland Md Registrar Address Cumberland Md Registrar Address Cumberland Md Registrar	Address VIII of the	23. SIGNATURE H. A.V. Demino M.D. H. V. Deming M.A.		
	19. U. K. Cyaus, M. D. Registrar	Address Cumberland Md Rate signed 0 -27-47		

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MARYLAND STATE DEPARTMENT OF HEALTH 1276

CERTIFICATE OF DEATH

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	TE OF DEATH Reg. Dist. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. County. City or town. (If outside city or town limits, write RURAL and give nearest to street No. 2.3. (If outside city or town limits, write RURAL and give nearest to street No. 2.3. (If outside city or town limits, write RURAL and give nearest to street No. 2.3. (If outside city or town limits, write RURAL and give nearest to street No. 2.3. (If outside city or town limits, write RURAL and give nearest to street No. 2.3. (If outside city or town limits, write RURAL and give nearest to street No. 2.3. (If outside city or town limits, write RURAL and give nearest to street No. 2.3. (If outside city or town limits, write RURAL and give nearest to street No. 2.3. (If outside city or town limits, write RURAL and give nearest to street No. 2.3.
Virginia Cordeles	i Goland none
Female White Widowed, or divorced	MEDICAL CERTIFICATION 20. DATE DE DEATH. Dels 12, 19, 47, 21.
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Monthy Days Niess than one day hrs. m 9. Birthplace	Immediate cause of death Oue to. Due fo.
12. Name Samuel Whother 13. Birthplace Vinginia 14. Malden name Samb June Tener 15. Birthplace Vinginia	Other conditions
16. Informant Turner Nulland Address Lexittelium, Ohio	Autopsy results
17. (Burial, cremation, or removal, Which?) Cemetery or crematory Holland Bund Purk Location Cambridge Manual Mal	Accident, suicide, or homicide
18. Funeral director. Some Stein Ste	23. SIGNATURE B. M. A. C. M. D. or ott

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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DR. GROVE

CERTIFICATE OF DEATH

	Reg. Dist. No.
1. PLACE OF DEATH: County ALLEGANY	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town CUMBERLAND (If outside city or town limits, write RURAL and give nearest town)	State MARYLAND County ALLEGANY
How long in above place of death? 73 DAYS	City or town.
Nospital, Institution, or streel address where death occurred: MEMORIAL HOSPITAL	Street No. K. D. 2 Froothing ma
How long in hospifal or institution? 13 DXYS	(If rural, give LOCATION)
3. (a) FULL NAME	3. (b) Social Security Number
MR. LEVI PORTER	More
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
MALE WHITE SINGLE	2D. DATE OF DEATH
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
C/A) Matter attended	10-5 1947 10 10 - 18 1947
7. Birth dale of deceased (mo., day, yr.) Suly, 17 1878	and that I last saw h M. alive on I.U 1.8
8. AGE: Years Month Days ff less than one day	Immediate cause of death
69 3 /,hrsmin.	commy comon - I have.
9. Birthplace MARYLAND - Zellman allegans	Due lo.
Town, county (and state)	
tD. Usual occupation	Due to
11. Industry or business GEORGE PORTER	
E 12 name - 10	Other condition of parties the 19 day
	(Include pregnancy within 3 morths of death)
14. Maiden name diahala crowe 3. 15. Birthplace Zellwan Zud.	Major findings of operations
	Date of op.
t6. informant MEMORIAL HOSPITAL	Antopsy results.
Address CUMBERLAND, MD	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Bursal Date thereof (the state of Grand) (1947)	22, VIOLENCE: If dealh was due to external causes, IIII in the following; Accident, suicide, or homicide
Cemetery or crematory Conficer Conficer	Where did injury occur? (City or town) (Conntr) (State)
Location Echstant, Tug. 0	Injured at home, farm, Industry, public place (where?)
18. Funeral director Jacob Holer	Means of Injury Hell on street Injured of work? ho
Address Frostburg Jud.	2.65 mm. ms.
10 Oct. 20 10 47 D. R. Faut, M.S.	23. SIGNATURE M. D. or other M. D. or other
(Date rec'd by registrar) Registrar	Address Mile (al Olog Dale signed 0-19-4-1.

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MARYLAND STATE DEPARTMENT OF HEALTH

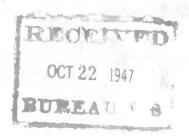
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Dr Reeves 18664

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City or town(17 How long in above place Hospital, institution, c	Frank Outside city or town li te of dealh? or street address where	lin mits, write R 26 ye death occurred		2. USUAL RESIDENCE (HOME) (For newborn infants give residence of State. Maryland Company of the State. Maryland Company of the State. Frankling (If outside city or town limit Street No. (If rural, give 2.(a) If veteran, name war.	f mother) Dunty Allegany ts, write RURAL and give n	
3. (a) FULL NAM	JA:	MIS G	USTAVIS RAINES		3. (b) Social Security 216-10-1	The state of the s
4. Sea Ma.le	5. Color or race White	Ma	e, married, widowed, or divorced	MEDICAL C	SERTIFICATION	,3:45 a
7. Birth date of	d or wite Mrs	6.(e) If alive, give age		47 10 Oct 1 21 18,	9, 1947 1947
deceased (mo., day,	rs Months	Days 6	It less than one dayhrsmin.	Immediate cause of death		3 day,
1B. Usual occupation. 11. Industry or busine 12. Name	Miner Secoal M Renjamin West Vi	ine F. Ra rgini	ines a	Due to	U. E. S.	
t5. Birthplace	West V	irgin	ia	Major fiudings of operations. Autopsy results. PHYSICIAN: Please underline the cause to the ca	Bate of op	
17. Puria (Burial, eremation	on, or removal. Which? Hory Philo	Date there is Cemen port	eof. Oct 21, 194 (month) (day) (year) etery , Naryland . Roal	22. VIOLENCE: If death was due to external control of the control	(County) where?) tajured at work?	(State)



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

eg. Dist. No.

	Reg. Dist. No.
1. PLACE OF DEATH: County Cleggyny	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infints give residence of mother)
City or town	Clly or lown. (If outside city or town limits write RURAL and give nearest town)
Nospilai, Institution, or street address where death occurred:	Sireet No. (If rural give LOCATION)
How long In hospital or Institution? 5 phras.	2.(a) If veleran, name war
3. (a) FULL NAME	le Rabter 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Finale Vility married, widowed, or divorced	MEDICAL CERTIFICATION 20, DATE OF DEATH. 20, DATE OF DEATH. 21, 47 N
6.(b) Name of husband or wife Charles Palster.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yi.) July 5-1889	and that I last saw h. M. alive on
8. AGE: Years Months Days If less than one day 5 8 2 1 9hrsmln.	Immediate cause of Teath DURATION DURATION 3 Mis
9. Birthplace dall Survey, and states	Due to
1D. Usual occupation.	Due to
11. Industry or business 12. Name	Diher conditions
14. Maiden name Managupet / Time	(Include pregnancy within 3 months of death) Major findings of operations
15. Birthplace North man, Ma.	Date of op
Address R-Le- No. 1 Freshura Ma-	Autopsy results
17. Burial, cremation, or removal When?) Date-thereof. (mooth) (347) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemelery or crematory II A Michaelia Genn.	Where did injury occur? (City or town) (County) (State)
Location Location Day of	Injured at home, farm, industry, public place (where?) Means of injury
Address Address	(AM Line Sul)
19. 10-25 19.47 Me Havey & Jack Registrar	23. SIGNATURE Address Date Signed 0 2 4-47



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Dies No. 4

1	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	County Alegany	State Md County Allegany
	City or town (If outside city or town limits, write RURAL and give nearest town)	City or town Cumberland
	How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
	348 Baltimore Ave	Street No. 348 Baltimore Ave
	How long in hospital or institution?	2.(a) It veteran, name war
	3. (a) FULL NAME	3. (b) Social Security Number
	John Henry Reed	More -
	4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
	M W Married	20. DATE OF DEATH October 10 1947 at 9:30 P.
	8.(b) Name of husband or wife Myrtle E. Kraus Reed	21/1 CERTIFY that death occurred on the date above stated; that I attended deceased from
	J	July 1847 10 Oct, 10 1847
	7. Birth date of September 28, 1876	and that I last saw hole alive on the 9 1947
	deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	Immediate cause of death
	71 0 /2min.	Com Kinton / from
	9. Birthplace Mt. Savage Tet. Allegan Md	Due to Joy Vienni CV, Minen Jun,
	10. Usual occupation Electrical Contractor	Due to.
	11. Industry or business Own business	
	E 12. Name Tomes Reed	Dither conditions
	₹ 13. Birthplace Md	(Include pregnancy within 3 months of death)
	14. Maiden name Jorah Fazen baker	Major findings of operations.
	14. Maiden name Jaras razes and 15. Birthplace Md	Oate of op.
5	16. Intermant Charles W. Treed	Antopsy results
	Address 805 Mary land Are. Cumberland	PHYSICIAN: Please underline the cause to which death should be charged statistically.
1	17. Burial Date thereot October 13, 1947.	22. VIOLENCE: It death was due to external causes, fill in the following:
	(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
	cemetery or crematory Hill crest Cemetery	Where did Injury occur?
	Location Cumberland, Md	Injured at home, farm, industry, public place (where?)
	18. Funeral director John J. Hafu	Means of Injury Injured at work?
~	Address Crackback and, byd,	R. M. Johnsten Ma.
	Och 13 112 We trait my	23. SIGNATURE M. Deor other
	19. Och 3. 19 4	Home 41 recent Bala stand 4:11/94

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICAT	E OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Mrs Ida Bell Rol	3. (b) Social Security Number
4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced 4. Widowed 6. (b) Name of husband or wife 6. (c) Halive, give age	MEDIGAL CERTIFICATION 20. DATE DF DEATH
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 75 0 23 hrs. min.	and that I last saw h. U.T. alive on 2 0 19
9. Birthplace Cultioch Hamboline Co. W. Va. 10. Usual occupation Housewalls	Due to Cardia Diennyember
11. Industry or business At Home 12. Name	Dither conditions Officerulary
14. Maiden name. Relecca Ray 15. Birthplace	(Include pregnancy within 3 months of death) Major findings of operations
Address 30) Polls St- Cumberland My	Autopsy results
17. (Burial, cremation, or removal, Which?) Date thereof C. 29. 1947. (month) (day) (year)	22. VfOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Colon Jan Jan C	Where did injury occur?
Location 210 210	Means of Injury Injured at work?
Address Cumberland Ma.	23 SIGNATUR Tulley B Hulworld
19. October 2 9.19 47 WR Franks, M. D. Clotter Programmer 19. (Date rec'd by registrar) Registrar	Address 112 Befine 1 Bate signed 2900l

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MARYLAND STATE DEPARTMENT OF HEALTH

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CERTIFICATE OF DEATH

Ton. Vac	(Guera			246	Reg. Dist. No	4
1. PLACE OF D			2. USUAL RESIDENCE (H)	OME) OF DE	CEASED:	
County		State New York				
		imits, write RURAL and give nearest town)				
		ours	City or town. Sloatsbu	r town limits, writ	te RURAL and give near	rest town)
Alle	or street address where	tal	Street No.	if rural, give LOCA		
How long in hospital	or Institution?	2 4 hours	2.(a) If veteran, name war			V
3. (a) FULL NAM				3.	(b) Social Security N	lumber
	A	NNA ROZUM			None	
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MED	ICAL CERT		
Female	White	Married	20. DATE OF DEATH Oct	ober 4	1947	at 3-45 F
6.(b) Name of husban	d or wife John	K. Rozum Sr.	21, I CERTIFY jhat death occurred o	n the date above stat	ted; that I allended decea	
7. Birth date of deceased (mo., day.		6.(c) If alive, give age	and that I last saw h	on 3 F. 7	n. a 400	19 4
8. AGE: Yea 66	The second secon	Days It less than one day	Immediate cause of death	lin	Mus	OURATION 4
		ungary county, and state)	Oue to	/		
10. Usual occupation		fe	Oue to	•••••		•••••
		C2A				***************
12. Name		Hungary	Other conditions		••••••	
1		ncze.	(Include pregnan			
15. Birthplace	Austria	Hungary	Major findings of operations			
		m Jr.	Autopsy results.			
			PHYSICIAN: Please underline the	cause to which de	eath should be charged s	tatistically.
D		Cumberland, Md.	22. VIOLENCE: If death was due f	o external causes, fi	til in the following:	
	on, or removal, Which?		Accident, suicide, or homicide			
		doo Cemetery	Where did tnjury occur?(Ci	ty or town)	(County)	(State)
		B. 4	Injured at home, farm, Industry, put			
		m H. Kight	Means of Injury		Injured at work?	
	mberland.		23. SIGNATURE W. aly	1.001	a Rem	1 19 10
01	5 19 4 7	1/1-1-1-1	23. SIGNATURE 1. 449	les m	M. D. o	5 Oct. 4



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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- 1-11						

Reg. Dist. No.,

1. PLACE OF DE			2. USUAL RESIDENCE (HON	AE) OF DECEASED:
County Alle	gany	1		County Allegany
(If outside city or town limits, write RURAL and give nearest town)				County
How long in above place	of death?	49 years	City or town	vn limits, write RURAL and give nearest town
Hospital, Institution, or	street address where	death occurred:	Street No. 16 Boone	
16 B	0076	5 <i>†</i> ,		ml, give LOCATION)
How long in hospital or	Institution?		2.(a) If veteran, name war	
3. (a) FULL NAM		paret Elizabeth s	111	3. (b) Social Security Number
	rara	garet Elizabeth 3	26014	None
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICA	AL CERTIFICATION
F	W	Widowed	0.4	ober 7, 1947 al 913
	- 1	1 11		
6.(b) Name of husband	or wife Pet	er F. Sebold	21. I CERTIFY that death occurred on the	dafe above stated; fhat I attended deceased from
	*****************************	6.(c) If alive, give ageye		19.42
7. Birth date of	M	16, 1868	and that I last saw hailve on	7-7-1
deceased (mo., day,) 8. AGE: Years		Days It less than one day	Immediate cause of death	TUG DUG
7.			(sigle well)	1 200001 Jarapa 3
-	7 7	22m	n. (
g Rirtholace	sorrett-	Preston Co. W.Vo.	Due fo.	
	(Towr	, county, and state)		
1D. Usual occupation	House	w:fe	Due to	
11. Industry or busines	Own !	home	200 (0	
		P. Kelley	Dither conditions	
E		4,	Uther conditions	
	-V.	y co. Md.	(Include pregnancy w	ithin 3 months of death)
H 14. Maiden name.	Huldah	A, disler	Major findings of operations	
15. Birthplace	reston	Co., W. Va.		
		Diekerhoof		
			PHYSICIAN: Please underline the cau	se to which death should he charged statistically
Address 16 Ba	one sty	Cumberland, Md.	22. VIOLENCE: If death was due to ext	ernal causes. fill in the following:
11 Buri	or removal, Which	Date thereof Oct. 10, 1947 (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or cremato	y St. Peti	ers Cometery	Where did injury occur?(City or	town) (County) (State)
Location Oo	kland	Md.		place (where?)
	1 11	1 11-1.	Meens of Injury	Injured at work?
fB. Funeral director	House of			
Address Ceal	wheeta	ed frud,	\ \\	lotter in both
D.AV	10 11.	a cal a to the A	23. SIGNATURE	M. D. Syother

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

g. Diat. No.

Reg. Dist. No.	
County City or town (If outside city or town limits, frite RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long In hospital or Institution?	2.(a) If veteran, name war
4. Sex 5. Cofter or race 6.(a) Single/ married, widowed, or divorced	Sea Security Number 2 14-01-6237
male White married,	20. DATE OF DEATH October 7 1947 , 2:40PM
6.(b) Name of husband or wife 6.(c) If alive, give age 58 years 7. Birth date of	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 4.7. and that I last saw h. W.M. alive on
8. AGE: Years Months Days Hiess than one day 60 9 28	Immediate sure of death Cardier Congestive DURATION failure (R. heart) 8 hrs arthma 15 43?
9. Birthplace (Town, county, and state) 10. Usual occupation (Town, county, and state)	Due to.
11. Industry or pusiness 12. Name	Other conditions
14. Malden name 15. Birthplace	(Include pregnancy within 3 months of death) Majur fiadiags uf uperations.
16. Informant Annual Seinfach	Autupsy results
17. (Burial, cremation, or removal, Which?) Date thereof. (mopth) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemelery or crematory Strain S	Where did Injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?)
18. Funeral director	Means of Injury Injured at work?
19. 10 - 10 19. 47 Jun Naury N. Rose Registrar	Address 59 E. Main 9: 05/3 2 Date signed 1.0/8/47



information carefully. The coffeeth clearly and legibly.

WITH UNFADING INK. Supply every item of important. Physicians: please write the causes

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

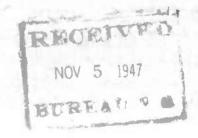
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CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County allegans	
City or town	State M. S. County County
How long In above place of death?	(If outside city or town limits, write RURAL and gree nearest town)
Hospital, institution, or street address where death occurred:	Street Hotely lattaing are
Jany are & Vailrel604	(If rural, girl LOCATION)
How long in hospital or institution? ()	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
George Martin 2	hoemoker 217-10-7971
4. Sex 5. Color of race (.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION about
male while widowed	20. DATE DE DEATH Oct 28 19.47.216.30 P.M
Justing Jane Should	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	
7. Birth date of	and that I last saw hom Dens Get 2F 19457
deceased (mo., day, yr.)	Immediate cause gl death
8. AGE: Years Months Days If lees than one day	Chronic Myrearditis - some
5 5 11hrsmin.	Caronic Interstitus naplenty year
9. Birthpiace Wardensville, Hardy Co W. Va.	Due to
(Town, county, and state)	
10. Usual occupation.	Bue 10
11. Industry or business Quella Work	
12. Name Sloemoles. 13. Birtholace Wardly of O. Va.	Other conditions 2 alassa of Ly
13. Birthplace Wardensrelle W. Ya.	(Include pregnancy within 3 months of death)
# 14. Malden name Sallie White	
15. Birthplace Wardensville W. Va	Major findings of operations
00: 2/15	Autopsy results.
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 20000 St - unterland 400	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, euicide, or homicide
Cemetery or crematory Rock Ouk Cemetery	Where did injury occur?
160	Injured at home, farm, industry, public place (where?)
Location	Meene of Injury tnjured at work?
18. Funeral director	Deputy Medical Examiner - Allegany Oo.
Address Culuberland Wal.	
()ch 30: 117 110 to to to m. S	23. SIGNATURE (M. D. or other
(Date rec'd by registrar) (Date rec'd by registrar) (Date rec'd by registrar)	Address sambaland Mid Date signed 10/28/47



Within corporate limits

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7. Birth date of

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Reg. Diat. No.....

3. (b) Social Security Number

CERTIFICATE OF DEATH

PLACE OF DEATH: unity	2. USUAL RESIDENCE (HOME) OF DECEASED: (Fit lawbyn infants give residence of mother) State
place to becalial or inclination?	(If rural, give LOCATION) 2.(a) If veleran, name war.

How long in hospital or institution?..... 3. (a) FULL NAME

deceased (mo., day, yr.) 8. AGE:

Address

Address

(Include pregnancy within 3 months of death)

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following

Where did Injury occur?(City or town) Injured at home, farm, industry, public place (where?)

Injured at work? Means of Injury

23. SIGNATURE

Address.

WRITE SE

(Date rec'd by registrar)

Ur. FW. Williams



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	Charles St., Baltimore
CERTIFIC	CATE OF DEATH
I. PLACE OF DEATH: County City or town (If outside city of town limits write HURAL and give nearest town) How long in above place of death? Mospilal, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County County City or town limits, write BU (AL and give nearest town) Street No. (If Jutiside City or town limits, write BU (AL and give nearest town)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Braid Shupe 4. Sex 5. Color of race 6. (a) Single, married, widowed, or phorced	3. (b) Social Security Number MEDICAL CERTIFICATION
male white married	20. DATE OF DEATH. OLD 11 19. 147 at 1215
5.(b) Name of husband or wife	and that I last saw h. h. h. alive on
10. Usual occupation Pharmacist 11. Industry or business Lyrug, plare	Due to
12. Name Denskyvania 14. Maiden name annie Laurie 15. Birthplace Pennsylvania	(Include pregnancy within 3 months of death) Major findings of aperations. Date of op.
16. Informant Mrs. Brail Shupe	Autopsy results
17. Burial, cremation, or recoval. Which?) Cemetery or cremator, Philos. Cometery	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Westersport Ad. 18. Funeral director Q: RI Durist	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
Address Prosthers md. 19. 10 - 19 194 Dues Placey V.	23. SIGNATURE Address Frontburg, Will Bale signed 10/1/1/2

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	4.1 000000000
City or town	State
How long in above place of death?	(if outside city or town limits write RURA) and give neadest town)
Hospital, Institution, or street address where death occurred;	Street No. 166 Bedford
166 Bedford St.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war.
3. (a) FULL NAME Miss Indie Ving	inia Tibert 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married widowed, or divorced	MEDICAL CERTIFICATION
Temale While Jungle	20. DATE DE DEATH OCT 10 19.47, 21 18
S.(b) Name of husband or wite	21. I CEPTRY that death occurred on the date above stated; that lattended deceased from
6.(c) If alive, give ageyears	Jenny 19 47, 10 19 T
7. Birth date of	and that that saw beautiful alive on the same and the sam
deceased (mo., day, yr.)	Immediate cause of death DURATION
8. AGE: Years Months Usys Triess than one day	Grand Jang
01.0 00 look C 16	
9. Birthplace	"Due to. The The C. V. Almin Mr.
10. Usual occupation. Houseworks	
11. Industry or business at Home	Due to
	Dther conditions
12. Name John Sterry Scherk 13. Birthplace	
	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations.
2 15. Birinpiace	Date of op.
16. Informant	Autopsy results
Address 3 Z 3 Jayette	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
100 Camater	Whera did Injury occur?
Cemetery or crematory	Injured at home, farm, Industry, public place (where?)
Location	Means of Injury Injured at work?
18. Funeral director.	n 2 (10 '10 2)
Address Cumberland, Mrd.	23. SIGNATURE 12 M. Shudla MV.
18 Oct. 13 1847 W.L. Laup, M.D.	M. D. or other
(Date rec'd by registrar) Registrar	Address Date signed P. P. J. J. T.



2411 N. Charles St., Baltimore

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CERTIFIC	CATE OF DEATH Reg. Dist. No	<i>†</i>
1. PLACE OF DEATH: County ALLEGANY	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
WIIMBERLAND, MARYLAND	StateCUMBERLANDCountyALLEGANY	
	MARVIAND	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest t	town)
Hospital, Institution, or street address where death occurred: MEMORIAL HOSPITAL	Street No. #917 GRAND AVE.	
	(If rural, give LOCATION)	
How long In hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Sonjal Security Num	ber
STOHN CHARLES SIM	PSON /ONE	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
MALE WHITE SINGLE	2 - 1 15 167	3 /
SEA SOUTH THE SEA OF T	2D. DATE DF DEATH 19.7 at	e
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased to	rom
6.(c) It alive, give age	vals 2 2 13 19 47, 10 Och 15	19.3
7 Right date of	and that I last saw h. a.t. alive on	197
deceased (mo., day, yr.) DEC, 19 1943 8. AGE: Years Months Days If less than one day	Immediate vause of death	DURA
8. AGE: Years Months Days If less than one day 9 26hrs.	fichis / newowa	24
9 9 20	10.1.	
9. Birthplace	Due 10	
		• • • • • • • • • • • • • • • • • • • •
1D. Usual occupation	Due to	
11. Industry or business		
12. Name	Dther conditions	
13. Birthplace MD.		
14. Maiden name DECKER, ROSEMARY	(Include pregnancy within 3 months of death)	
	Major fiedings of operations	
19, 6,1116,125	Date of op	
16. Informant MEMORIAL HOSPITAL	Autopsy results	
Address CUMBERLAND, MD.	PHYSICIAN: Please underline the cause to which death should be charged statist	ically.
A D 10.1 . N 11	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremation, or removed, Which) Bate thereof (Jan 18) (Burial, cremation, or removed, Which)	Accident, suicide, or homicide	
Cemetery or crematory St many 6 em	Where did Injury occur?	
		te)
Location Commenter Line	Injured at home, farm, Industry, public place (Where?)	
18. Funeral director Louis Steen Jac	Means of Injury Injured at work?	
	(1) (1)	
Address Commercial C	23. SIGNATURE TO MASSO MASSO	
(110)	All 1st Hurry Confinant wel M. D. growth	er

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2411 N. Charles St., Baltimore OPPRINCIPE OF PRINCI



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CERTIFICAL	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH Me any	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give peridence of mother)
City or town to odeside city or town simits, write RUK Alf and give near of town)	State Many County County County
How long in above place of death?	City or town
Cash Alans Low	(If rural, give LOCATION)
Now long in hospital or instilution?	2.(a) If veteran, name war
3. (a) FULL NAME Crethus Trancis Suni	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White flasried	20. DATE OF DEATH 10113 1947 at 400 P
6.(b) Name of husband or wife Called Junia Symuth	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date ot	and that I last saw h 100 alive on 1.2 1.3 19.4 7
deceased (mo., day, yr.) 8. AGE: Years Months Days tt less than one day	Immediate cause of death
23. 3 9	Cerebra Henoricaz
9. Birtholace Trostonia, allegany Colle	Que to Hypertension and
(Town, county, any state)	artolioselenoui
10. Usual occupation.	Due to
E 12. Name Chu a. Swith	Diher conditions
13. Birthplace Aluknown	(Include pregnancy within 3 months of death)
14. Malden name alve In Manyle	Major fiadiogs of operations.
14. Malden name West aptown, Judy	Date of op.
16. Informant Mass, Colon Ft. Smith	Autopsy results.
Address Lonacining And.	PHYSICIAN: Please underline the caose to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Oate thereof (month) (day) (year)	Accident, suicide, or homicide
. Cemetery or crematory. Alle Dany Colonia tong	Where did injury occur?
Location Harathana & Mal	Injured at home, farm, industry, public place (where?)
18. Funeral director Ald Chila and	Means of Injury Injured at work?
Address Lonacquing, Add.	3 0 E 20 M D
10 Oct 26 1047 Jamelle m Boal	23. SIGNATURE M. D. brother
(Date rec'd by registrar) Registrar	Address Date signed Date signed



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MARYLAND STATE DEPARTMENT OF HEALTH

46 % 2411 N. Charles St., Baltimore

CERTIFICAT	TE OF DEATH
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. MD County ALLEGANY City or town CUMBERLAND (If outside city or town limits, write RURAL and give nearest town) Street No. 327 FORT HILL AVE (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number
MRS LUCY SMITH 4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced MARRIED	MEDICAL CERTIFICATION 20. DATE OF DEATH
8. (b) Name of husband or wife JAMES SMITH 6. (c) If alive, give age 74 years deceased (mo., day, yr.) 74 HAY Dec. 3 / 87/ 8. AGE: Years Months o Days If less than one day hrs. min. 9. Birthplace	21. I CERTIFY that leath occurred on the date above stated; that I attended depeased from 19
18. Funeral director Charles L. Grorge Address Cambeland, Ing. 19. Oct. 14. 19. 4.7 W. R. Trauty, M. D. (Date rec'd by registrar) Registrar	Meana of thjury Injured at work? 23. SIGNATURE M. D. or other Address Date signed

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infauts give residence of mother) State Maryland County Allegany
(If outside city or town limits, write RURAL and give nearest to How long in above place of dealh?	own) Planelia
How long in hospital or institution?	
3. (a) FULL NAME George Washington Snowd 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorce	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorce Married	MEDICAL CERTIFICATION 20. DATE DF DEATH Oct
6.(b) Name of husband or wife Anna M. Smith 7. Birth dale oi deceased (mo., day, yr.) 6.(c) If alive, give age 7.4	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8. AGE: Years Months Days If less than one day hrs.	min. Sala Market Afficial 1997
9. Birthplace NewParis, Pa. (Town, county, and state)	Due to
10. Usual occupation	DUE 10.
12. Mame Wm C. Snowden	
14. Maiden name	(Include pregnancy within 3 months of death) Major fiadiugs of operatious.
15. Birthplace Fenna,	Date of op.
ts. Informant Mr. Harry Snowden La Vale Md.	Autopay results
Burial Date thereof Oct. 14. (Burial, cremation, or removal. Which?) Cemetery or crematory. Hillcrest	7Accident, suicide, or homicide
Localion Cumberland Md.	Injured at home, farm, industry, public place (where?)
18. Funeral director Harvey H. Zeigler	Msens of Injury Injured at work?
Address Hyndman, Pa.	23. SIGNATURE Office a Fofester mo
19. (Date rec'd by registrar)	Registrar Address Date signed 10/12/47



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

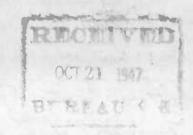
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	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m	
	County Alleger of the County o	State Milling And pour	allegany
li	City or town	City or town	Land /
	How long in above place of death?	Street No. 506 M.C.	of the all live.
	506 montrial me	(If rural, give L	OCATION)
1	How long in hospital or institution?	2.(a) tf veteran, name war	
	3. (a) FULL NAME () - 1 + + + + + + + + + + + + + + + + + +	,	3. (b) Social Security Number
ı	Merne Katherin	e sommes	None
	4. Say	MEDICAL CE	RTIFICATION
	Jungle Mills single	2D. DATE DF DEATH	19.4.7. at 6. A
1	6.(b) Name of husband or wite	21. I CERJIFY that death occurred on the date above	
1		19 /	R 11/4 /1 /h
	7. Birth date of deceased (mo., day, yr.) Feb 24 1924	and that Plast saw h	DURATION
	8. AGE: Years Months Days It less than one day	Immediate trause of death.	llurea
	23 7 17hrsmla.	hear diace	, e
1	9. Birthplace Cumfirland and	Due to	
	(10wn, county, and state)		
	10. Usual occupation	Due to	
	11. Industry or business		
	12. Name Marin Squires 13. Birthplace 13. Birthplace	Dther conditions	
	Best & western	(Include prognancy within 3 me	onths of death)
	14. Maiden name The Sweetyer and.	Major fiediogs of operations	
	15. Birthplace		
1	16. Informant	PHYStCIAN: Ptease underline the cause to whi	ch death should he charged statistically.
	Address Osmalland.	22. VIOLENCE: If death was due to external caus	es, fill in the following;
	(Burial, cremation, or removal, Which?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide	
	Cemetery or crematory. Lucian aunt	Where did injury occur?(City or town)	(County) (State)
	Location Ballinau are Costy	Injured at home, farm, industry, public place (who	ere?)
	18. Funeral dissector Fasis Shin Inc	Meens of Injury	Injured at work?
1	Address Bumber and Barland	IN E 17 D	were Mo
	10 1 12 1 1 1 1 1 1 1 1 1	23. SIGNATURE	M. D. or other
	19. (Date rec'd by registrar) Registrar	Address 32	Date signed D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Indicated is especially important. Physicians: please write the causes of death clearly and legible.

VS A15



N

1. PLACE OF DEATH:

How long In hospital or institution? 3. (a) FULL NAME

Years

(Burial, cremation, or removal.

(Date rec'd by registrar)

4. Sex

7. Birih dale of deceased (mo., day, yr.)

9. Birthpiace. Oo. 10. Usual occupation.

11. Industry or business

12. Name ...

13. Birthplace 14. Maiden na 15. Birthplace 14. Maiden name

16. Informant Address

Location 18. Funeral director

Address

8. AGE:

FATHER

How tong in above place of death?.... Hospital, Institution, or street address where death occurred:

5. Color of sace

.5.(c) If allve, give age . A.

Days

Date thereof.

If less than one day

hrs.

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICA

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Date signed.

E OF DEATH	Reg. Diat. No	4
2. USUAL RESIDENCE (HOME	E) OF DECEASED:	
(For newborn infants give residence		
Siate.	county allaga	
City or town	imits, write RURAL and give near	est lowe
7/11/00-1	The R.	1 1
Street No. (If rural,	give LOCATION)	<u> </u>
2.(a) If veleran, name war		
1	3. (b) Social Security N	lumber
aen	715-19-5	366
MEDICAL	CERTIFICATION	
07		14 / **
20. DATE DF DEATH.	28 1047	
21. I CERTIFY that death occurred on the da		
San	19 70 to QCT	28 19/
and that I fact caw h alive on	Det 28	187
Immediate came of death	0'	DURATIO
Chrone	Cardia	1514
· Noule	Dough Whie	are.
Due to.	2010	
• 4		
2-1.		*****************
Tope to		

Other conditions		010011>111>11>>>>>
(Include pregnancy with	nin 8 months of death)	
Major findings of operations	Date of op.	

PHYSICIAN: Please underline the cause	to which death should be charged to	tatistically.
22. VIOLENCE: tt death was due to extern		
Accident, suicide, or homicide		
Where did injury occur?(City or to	own) (County)	(State)
Injured at home, farm, Industry, public pla	ce (where?)	

23. SIGNATURE.....

Address.....

Registrar



VS A15

(Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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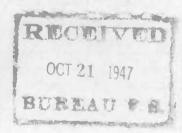
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CERTIFICA	ATE OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH: Allegany	2. USUAL RESIDENCE (HOME) (
County Son Arc Gov Andre	State Aharylandso	unty Wellemann
Clly or town (If utside)city or town limits, write RURAL and gave mearest town)	1/2 mi	recorning
How long in above place of death?	Hentside city or town limit	ts, write RURAL and give nonrest town)
nospital, institution, or street audiess where death occupied	Street No.	e LOCATION)
How long In hospital or Institution?	2.(a) It veteran, name war.	
3. (a) FULL NAME		3. (b) Social Security Number
Matilda Reiber Ster	venson	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL C	ERTIFICATION
Temale White Married	20, DATE OF DEATH October	- 8 1947 117 C
6, (b) Name of husband or wife. Albert Stovenson	21. I CERTIFY that death occurred on the date at	nove stated; that I attended deceased from
	Pars	1971
7. Birth date of deceased (mo., day, yr.) Than 20, 1.89 5	and that I last saw harmalive on	PARTITION
8. AGE: Years Months Days If less than one day	Immediate cause of death	us (Evox) DURATION
I manning a Menning	Collet avolone ente	re pelire
9. Birthpiace (Town, county, and sate)	well	
10. Usual occupation	Due to.	
11. Industry or business Our Boyle		
12. Name Descharing	Other conditions	
	(Include pregnancy within 3	months of death)
14. Maiden name Han Manager		2/
14. Maiden name Hanne Manager State Market State College Colle		Date of op. A.A. 11-1447
18. Informant & Must Bessell Band	Autopsy results.	/
i only	PHYSICIAN: Please underline the cause to	
Address macaning, full,	22. VIOLENCE: If death was due to external ca	auses, fill in the following;
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide	Date of
Cemetery or cremators Bake It Il Certification	Where did injury occur?(City or town)	(County) (State)
Location toward units	Injured at home, farm, industry, public place (
18. Funeral directors of the supplications of the s	Means of Injury	tnjured at work?
Charles Charles		15 9

23. SIGNATURE,...

Address.

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PLAINLY, WITH UNFADING INK. Supply every item of information carefully. This especially important. Physicians: please write the causes of death clearly and legi

PLEASE WRITE

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DURATION

CERTIFICATE OF DEATH

Reg. Dist. No..

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State City or town (If outside gity or town limits, write RURAL and give nearest town) Street Ho. (If rural, give LOCATION) 2.(a) It veteran, name war.
3. (a) FULL NAME Ner Rostickly	3. (b) Social Security Number
4. Set Set State State	MEDICAL CERTIFICATION 20. DATE DF DEATH. October 3, 19 7, 21 22 21. Lerrify that death occurred on the date above stated; that I attended deceased from 19 7, 10 0 19 and that I tast saw h
14. Maiden name Jest Jag Jacob	Major findings of operations. Date of on. Autopsy Salte A Comment of the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE of death was due to external causes, fill in the following; Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work? M. D. or other

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2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

CERTIFICAT	Reg. Diat. No.
1. PLACE OF REATHY County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother) State
3. (a) FULL NAME MR. EVY LEE STOTLER	3. (b) Social Security Number 214-05-9091
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced MALE WHITE MARRIED	MEDICAL CERTIFICATION 2D. DATE DF DEATH OCTOBER 12,1947 19 1;07 A.M.
6.(b) Name of husband or wife MYRTLE BATLEY 6.(c) It alive, give age 15 years 7. Birth date of deceased (mo., day, yr.) FEB. 5 1900 8. AGE: Years Months Days It less than one day 47 8 7 hrs. min.	and that I last saw to alive on 19. K. Immediate cause of death DURATION
9. 8irthplace	Due to
13. Birthplace 14. Maiden name VIRGINIA McCOY 15. Birthplace WEST VIRGINIA ? MEMORIAL HOSPITAL	(Include pregnancy within 3 months of death) Major findings of operations
Address CUMBERIAND, MD. 17. (Burial, cremation, or removal, Which?) Cemetery or coematory Cumber Communication Communicatio	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Address Cumbulum, Mul.	23. SIGNATURE M. D. or other

BINDING FOR RESERVED MARGIN ADING INK. Supply every item of information carefully. The co Physicians: please write the causes of death clearly and legibly.

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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No

1. PLACE OF DEATHS	2. USUAL RESIDENCE (HOME) OF DECEASED:
County while County	State maryland County all
(If outside city or town limits, write RURAL and give nearest town)	City or town On Categor Lower Limits, write BURAL
Hospital Institution, or street address where death occurred:	Street No. Wash- Lee appl.
Jummen Jum	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME General one - Bra Ca	10 1 3. (b) Socia
4. Sez 5. Color or sace B. (=7) ingle, married, widowed, or divorced	MEDICAL CERTIFICAT
Final White married	2D. DATE OF DEATH. O.A. 16
6.(b) Name of husband or wife	21. I CERTIFY that death coursed on the date above stated; that I a
7. Birth date of	and that I last saw h. U.Z. alive on
deceased (mo., day, yr.)	Immediate sause of death
8. AGE: Years Months Days If less than one day 66 10 13	Johan Jume
9. Birthplace & Mary land (Town, county, and mary land	Due to
Hereachiele:	
1D. Usual occupation	Due to
11. Industry or business	
12. Name Shilip MS Call 13. Birthplace Steland.	Dther conditions
March Chance Hauch	(Include pregnancy within 3 months of death)
14. Malden name. Manual 15. Birthplace Mayland.	Major findings of operations.
E 15. Birthplace Mayland.	Date
18. Interment John J. Stump	Autopsy results
Address Washing ton Lee. apto.	PHYSICIAN: Please undertine the cause to which death should
17 Burial 1 Date thereof 10/620/47	22. VIOLENCE: If death was due to external causes, fill in the foll Accident, suicide, or homicide
(Burful, cremation, or removal, Which?) (month) (day) (year)	
Cemetery or crematory	Where did injury occur?(City or town) (Cour
Location Fyette Street	Injured at home, farm, Industry, public place (where?)
18. Funeral director of auco steri Inc.	Means of Injury Injured
Address Cumberland M. Q.	1 2 John
Och sa la la de deut ma	23. SIGNATURE
19. (Date rec'd by registrar) 19 Registrar	Address Certification (M. A.

2.(a) If veteran, name war	1 - 42 6 116 11 11 1	
10 1+	3. (b) Social Security Number	
L Stump	Post	
	ERTIFICATION	-
D. DATE OF DEATH.	6 19 47 at 8 S	2_
21. I CERTIFY that death coursed on the date abo	re stated; that I attended deceased from	
October 12:19	- Co actober /61	,
nd that I last saw h	October 16	
mmediate sause of death	OUR	<u>AT</u> I
Johan Pu	commercial 3	
ue to		••••
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Tajor findings of operations.		
lajor hudings of operations		
lutopsy results		
PHYSICIAN: Please underline the cause to wh	ich death should he charged statistically	
2. VIOLENCE: If death was due to external cau	ses, fill in the following;	
accident, suicide, or homicide	Date of	
there did injury occur?(City or town)		
njured at home, farm, Industry, public place (wi	iere?)	10 + 91
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Injured at work?	

ADING INK. Supply every in Physicians: please write the RESERVED MARGIN PLAINLY, v is especially WRITI PLEASE

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OCT 28 1947

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2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

					Reg. Dist. No	
1. PLACE OF DE	Alle	gany		2. USUAL RESIDENCE (HOME) (For newborn infants give residence of	OF DECEASED: of mother)	
			URAL and give nearest town)	State Maryland County Allegany City or town Cumberland (If outside city or town limits, write RURAL and give nearest town)		
			:	Street No. 106 Decetur St	rect ve LOCATION)	
How long in hospital	or Institution?		***************************************	2.(a) If veteran, name war	•••••••••••	
3. (a) FULL NAM	MRS.	ALICE	ISABELL FRENCH	TROXELL	3. (b) Social Security Nu None	mber
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Female White Widowed				MEDICAL (20. DATE OF DEATHQctober28.	CERTIFICATION 1947 19 19 19	7130 P. *
6.(b) Name of husband 7. Sirth date of deceased (mo., day,			e) If alive, give ageyears	21. I CERTIFY that death occurred on the date a	bove stated: that laftended decease	
8. AGE: Year	rs Months	Days	It less than one day	acuje	Action	
93	3	16	hrsmìn.	The state of	A.	
	Housew	country, and a		Due to		
land	bert Armsta	d Fren	ch Unknown	Dither conditions		,
	Mary Eli	zabeth		(Include pregnancy within		
	Mrs. Carl	Hetzel		Autopsy results	***************************************	
	Decatur St.		perland, Md. 10/31/47 (month) (dyy) (year)	22. VIOLENCE: If death was due to external c	causes, fill in the following:	
			tery	Where did injury occur?(City or town	(County)	State)
				injured at home, farm, industry, public place		
				Means of Injury	Injured af work?	
	berland, Mo		d	23. SIGNATURE	enfu	-0
19. Oate rec'd by r	30 19 47	Cor	Registrar	Address	M. D. or o	ther so/K

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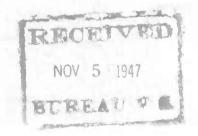
CERTIFICATE OF DEATH

Reg.	Dist.	No.	4

	2411 N. CI	harles St., Baltimore 938	
/	CERTIFIC	ATE OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME)	OF DECEASED:
_ / /_/ /		(For newborn infants give residence	County Allagany
City or town. Carry town I	mits, write RURAL and give nearest town)		7 7
How long in above place of death?	years	City or town. (If outside city or town lin	mits, write RURAL and give nearest to
Hospital, Institution, or street address where	death occurred:	Street No	
	eat	(tfrural, g	give LOCATION)
How long in hospital or institution?	lyears	2.(a) It veleran, name war	
3. (a) FULL NAME	1		3. (b) Social Security Numb
Albei	rra wigg		Hore
4. Sex 5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL	CERTIFICATION
FW	single	20. DATE OF DEATH Det 29	19.47 21.9
6.(b) Name of husband or wife		21. I CERTIFY that death occurred on the date	18 4 6, to Cat. 29
		rears	Qet. 21
7. Sirth date of deceased (mo., day, yr.)	1873	and the second s	
8. AGE: Years Months	Qays It less than one day	Immediate cause of death	Sailere 70
74	hrs.		7)
		- Mania De	appalitis D
9. Birthplace(Town,	county, and state)	Bue to.	rear de Tes
1D. Usuat occupation		Samuel Dates	unselenosis In
11. Industry or business		nne to	
12. Name		Other conditions	
		(Include pregnancy within	n 3 months of death)
HE 14. Malden name		Major findings of operations	
E 15. Birthplace			
16. Informant Sylvan Ret	reat	Autopsy results.	
	1 4 1	PHYSICIAN: Please underline the cause to	
Address Cumberlan	04, 114,	22. VIOLENCE: tt death was due to external	causes, lill in the lollowing;
(Burial, cremation, or removal, Which?	Date thereot No. /	Accident, suicide, or homicide	
	County Cometery	Where did Injury occur?(City or tow	
Cemetery or crematory FT 1.15.4.0.1.1	1 -11/1		
Location Cumberlan	d. Md.	Injured at home, tarm, industry, public place	
	// // / .	Masns of injury	Injured at work?
18. Funeral director	S, Hotel		1
18. Funeral director	of tope	In the f	10,000

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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H. Wolverton, S

CERTIFICATE OF DEATH

				Reg. Dist. No.
. PLACE OF DEATH: Allegany				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Uv or town	/esternpe	rt nits, writs RURAL and give neare	******************	Stale Maryland County Allegany
(If ou	itside city or town lit	nits, writs RURAL and give neare	est town)	City or town. (If outside city or town limits, write RURAL and give nearest town)
ow long in above place of ospilal. Institution, or s	of death? street address where d	9 years		Streel No. 424 Hammond St.
ospilai, institution, or s 424 Hama	nond Stre	et	*******	(If rural, give LOCATION)
ow long in hospital or	Institution?			2.(a) If veteran, name war
. (a) FULL NAME			(3.). m	3. (b) Social Security Number
	GOI	DIE ELLEN UMS	TOT	2/7-05-0457
, Sex	5. Color or race	6.(a)Single, married, widowed, or d	ivorced	MEDICAL CERTIFICATION
Female	White	Married		20. DATE OF DEATH. October 3 47 10:50
i,(b) Name of hueband e	er wife Earl	M. Umstot		23. CERTIFY that death occurred on the date above etated; that Lattended deceaepd from
			50 years	0 5 5 FF 18 10 (a) 3 m 19 4
Birth date of deceased (mo., dey, yr.	Tahnı	ary 18, 1900		and that I last eaw h. alive on CC 20 19 9 9 19
3. AGE: Yeare	Monthe	Days If less than one day		Immediaic cause of death OURATION
47	7	16hrs.	mln.	Karin Krombon 3 mo
Swa	inten, Ga	rrett, Maryla	nd	Que to.
. Birthplace	(Town,	county, and state)	***********	
O. Usual occupation				Due to
1. Industry or bueineee				
12. Name	den Wilt	***************************************		Other conditione
13. Birthplace	Marylan			(Include pregnancy within 3 months of death)
14. Malden name	Lula I	ritts		
15. Birthplace		land		Major findings of operations
		M. Umstot		Apioosy results.
16. Informant		ort, Maryland		PHYSICIAN: Please underline the cause to which death should be charged statistically.
			E 704	22. VIOLENCE: If death was due to external causes, fill in the following:
Burial, cremation,	or removal. Which?)	Date thereof Ctober (month) (da	y) (year)	Accident, suicide, or homicide,
Cemelery or cremator	Philo	s Cemetery		Where did injury occur?
Location		enport, Md.		Injured at home, farm, Industry, public place (where?)
	Ellswo	rth S. Boal	,	Meane of Injury Injured at work?
			~ J	() sulla 1 th year
Address	vester	moort, Maryla	1101	23. SIGNATURE Que CLISTnents M. D. of whot
19. Oct - 6	1947	17 Junior	Registrar	Address Secretary Oly Bale claned 6 7)
(Date rec'd by reg	(ISTERT)		negistrar	11 Augress



2411 N. Charles St., Baltimore

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Allegany

	Dist.		11
eg.	Dist.	No.	 7

CERTIFICATE OF DEATH

. PLACE OF DEATH:	egany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
ounty		
ity or town Cumber	rland	State Maryland County Alle
(If outside city or town lu	rland mits, write EURAL and give nearest town) 35 ears	City or town (If outside city or town limits, write RURAL
low long in above place of death?lospital, institution, or street address where t	doath geaureat	
500 Tinden	t	Street No. 500 Linden St (If rural, give LOCATION)
low long in hospital or institution?	**************************************	2.(a) It veteran, name war
B. (a) FULL NAME		3. (b) Socia
Minnie V	Vagner	Nor
Sex 5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICAT
70	16	
Female White	Married	20, DATE OF DEATH
5.(6) Name of husband or wife Henry	y C. Wagner	21. I CERTIFY that death occurred on the date above stated; that I
		UBW 19 48 10 C
Right date of		and that I las saw h are alive on Q C 6 -
deceased (mo., day, yr.)	pril 24 1888	Immediate cause of death
8. AGE: Years Months	Days If less than one day	Cara unulon
59 5	14hrs.	
	omerset Co, Penna	
	county, and atate)	Oue to Career 7 Chry
10. Usual occupation		Due to
11. Industry or business	- **	
12. Name Nathau	niel Baer	Other conditions
	ersdale, Pa.	
Tot outline to		(include pregnancy within 3 months of death)
14. Maiden name Amend		Majnr findings of operations
15. Birthplace Me	yersdale, Pa	
Hanwr	C. Wagner	
		PHYSICIAN: Please underline the cause to which death should
Address 500 Linden St	, Cumberland, Md.	22. VIOLENCE: If death was due to external causes, fill in the following
., Oct 11 1947	Oate thereof Burial	
Oct 11 1947 (Burial, cremation, or removal, Which?)	(monen) (day) (year)	
Cemetery or crematory	Crest Cemetery	Where did injury occur?
	mberland, Md.	
	liem H. Kight	A S
Chamb	erland, Md.	, - //
Audiess	111++1	23. SIGNATURE 71. Gra
19. Oake rec'd by registraf)	W. R. oranty, M.	Strar Address Canadasa
IDAGE FEE G DY TEKISTRATI	// Roegi	MEMI COO

Street No. 500 Linden	al, give LOCATION)		
2.(α) It veteran, name war		***************************************	
	3. (b) So	cial Security Nu	mber
	No	one	
MEDICA	L CERTIFICA	ATION	
20, DATE OF DEATH. Octo	ber 8	19.47 21	7-15 J
21. I CERTIFY that death occurred on the	date above stated; that	Lattended deceases	d from
upril	19.46 10	Let 8	19. 2
and that I tas saw h we allve on	UW 6-	- 47	19
Immediate cause of death.			OURATION
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Due to Caucer	Louis	-ul	
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Other conditions			
(include pregnancy wi	ithin 3 months of deat	h)	
Majnr findings of operations			
najat hadange of operadan			
PHYSICIAN: Please underline the cans			tistically.
22. VIOLENCE: If death was due to exte	ernal causes, fill in the	following;	
Accident, suicide, or homicide		Date of	
Where did Injury occur?	town) (Co		State)
(City or			State)
injured at home, farm, îndustry, pub ^{il} c p Means of Injury		ed at work?	

ADING INK. Supply every item of information carefully Physicians: please write the causes of death clearly and

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2411 N. Charles St., Baltimore

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M. D. or other

.. Date signed ...

170	Dist.	B.I.
Keg.	DIST.	140

CERTIFICATE OF DEATH

23. SIGNATURE....

Address.

				CLICIT	FICAT
1. PLACE OF	DEATH:				
County all	agan	$\tilde{\chi}_0$	····•		************
City or town	If outside city or	town limits, wri	te RURAL at	nd give nearest	town)
How long in above pl	lace of dealh?	1 yrs)		************
Hospital, Institution,	or street address	where doath occ	urred:		
949	Man	gland	uv		
How long in hospila	or Institution?	J			
3. (a) FULL NA	ME	-		00	1 -
	Ma	a Ma	ncu	v Elly	cabe
4. Sex	5. Color or ra	ce 6.(a)	ingle, married,	widowed, or diver	ces
I 0	a lost	to	9,00		
Jewall	k www	The last	luga	ince	/
6.(b) Name of husba	and or wite 74	eura C	urle	Was	oner
D.(O) Name of Ausba	and of witc.			ىلى	0
7. Birth date of	······	<u> </u>	. 6.(c) It alive,	give ageQ	years
deceased (mo., da	ay, yr.) W	ay Z	+ 18	61.	
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9. Birthplace	format	Town county a	and state)	use Co	w. ya
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10. Usual occupation	on	-21	V. O. C.		
11. Industry or busi	iness	MH	ou		
当 12. Name	ada	u J	Kay	lon.	
12. Name		011	r. Va		
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15. Birthplace	O	u	1. VC		
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16. Interment	100	renge		11 6	
	60	mble	May	2,0	MCA.
Address					A .
12	ial	nate	thereot Co	1111	947
17 Gurial, cremat	tion, or removal.	Whigh?)	thereot.	month) (day)	947
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17 Burial, cremat	Fa	which?) Date	thereot (C)	month) (da)	947
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17 (Burial, crematic Cemelery or crematic Location 18. Funeral directors	at a	task	thereot Co	month) (dans) anel U. Va fler	947 Jary . ()
17 (Burial, cremat Cemelery or cremat Location	at a	Task slay	thereof (month) (dans)	947 - 0

2. USUAL RESIDENCE (HOME) OF DI (For newborn infants give residence of moth	ECEASED:	
State Zud County	allega	-4-
City or town. Culleda	ndo	wa
(If outside city or town limits, wr	ite RURAL and give nea	rest town)
Street No. 9 4 9 Mary (1f rural, give 100	ATION)	
2.(a) If veteran, name war		
0 100 13	3. (b) Social Security	Number
Lan Wagover	Zlow	<u>e</u>
MEDICAL CERT	FIFICATION	
20. DATE OF DEATH OF tober	8 19.47	1 /2:30 P.
21. I CERTIFY that death occurred on the date above st	ated; that I attended decea	sed from
Dex. 2, 194	7. to Clay:	8 1 19 4
and that I last saw beautiful alive on	-38	19.4.
Impediate cause of death		DURATION
Januarely Gra	resclassi	374
		• • • • • • • • • • • • • • • • • • • •
Due to GIA	lar replace	3712
Chronic Moneri	lare reperce	40
Due 10		***************************************
	***************************************	1>>>>>>
Diher conditions	10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
(Include pregnancy within 3 mont	hs of death)	
Major findings of operations		
	Date of op	
Autopsy results	death should be charged	statistically.
22. VIOLENCE: It death was due to external causes,	till in the following;	
Accident, suicide, or homicide	Date ot	
Whers did Injury occur?(City or town)	(County)	(State)
Injured at home, tarm, Industry, public place (where?		
Msans of Injury	Injured at work?	

MARGIN RESERVED FOR BINDING

CAINLY, WITH UNFADING INK. Supply every item of information carefully especially important. Physicians: please write the causes of death clearly and

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MARYLAND STATE DEPARTMENT OF HEALTH

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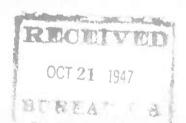
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County allegans	(For newborn infants give residence of mother)
City or town.	State County County
City or town(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Hospital, Institution, Postreel address where death occurred:	
938 Deaford St	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war.
3. (a) FULL NAME OA	3. (b) Special Security Number
Since Mry Weese	3. (0) Sector Security Number
Λ	Mone
4. Sez 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female Winte Willow	20. DATE OF DEATH Ottober 13 1947 , 21 71.00 P. M
Bernend & Weese	21. I CERTIFY that death occurred on the date above stated; that 1 attended deceased from
6.(b) Name of husband or wife 2000 d. W 2000	July 18 47, 10 024, 13 1847
7. Birth date of A County	and that Mast saw h Anadive on And 3 19 4
deceased (mo., day, yr.) July 5, 1894	Immediate cause of death
8. AGE: Years Months Days It less than one day	
5338hrsmin.	1. F. Marlias Hy
May Tana Vini:	
9. Birthplace Montany unguman	Due to
10. Usual occupation housewife	FW2/
	Due to
11. Industry or business	
12. Name Summons 13. Birthplace	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Sum Weeks 15. Birthplace V	Major findings of operations.
15. Birthplace V	Major hadings of operations
0111	
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 938 Belfond St, Cumbuland, Mrs	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Date thereof Oct 16 1947	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) (Bonth) (day) (year)	
Cemetery or crematory 6 At Follows Cemetern	Where did Injury occur?
Location Elleuro W. Vn	Injured at home, farm, industry, public place (where?)
Living & tein dru	Msans of Injury Injured at work?
18. Funeral director	n 00 6.1
Address Cumbuland M.	23. SIGNATURE B. M. tchentley
Dak 13 47 11/8 Front m. D.	M. D. or other
19. CA 13 19 19 10 No. Or all Magallage Registrar	Address Dale signed 413, 1, 5 5

FOR BINDING RESERVED MARGIN NUM UNFADING INK. Supply every item of information carefully. The corrumportant. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give reaidence of mother)
County	Stat Maryland County Megany
City or town	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 204 Kailroad St.
204 Naurras Ps.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) tt veteran, name war.
3. (a) FULL NAME William Henry We	213-09-6554
4. Sex 5. Color or race 6.(a) Single, married, widowed, ordivorced	MEDICAL CERTIFICATION
male White married	20. DATE OF DEATH 1947, at 104
5000 17.100lings1	21. I CERTIFY, that death occurred on the date above stated; that t attended deceased from
6.(b) Name of husband or wite	(abt 2 4 1947 to Oct 8 1947
7. Birth date of	and that I last saw be a Malive on Oct 194
deceased (mo., day, yr.) Deplement 3, 1878	Immediate cause of death
8. AGE: Years Mooths Days It less than one day	Audertersion 2415
69 4min.	H 7
9. Birthplace Trasthura allegany md.	Oue to Vereful person hage I Day
10. Usual occupation masser	
11. Industry or business Coal mines	Due 10
	Other conditions
12. Name Um. Wellings	
	(Include pregnancy within 3 months of death)
14. Maiden name Arah Mates	Major fiedings of operations.
≥ 15. Birthplace	Oate of op.
16. Interment J. P. S. William Wellings	Autopsy results
Address Rostling Md	
17 Berial Oale thereof Oct 10-1947	Accident, suicide, or homicide
(month) (day) (year)	
Cemetery or crematory	Where did injury occur?
Location Postlara Ma	tnjured at home, farm, Industry, public place (where?)
18. Funeral director J. R. Weerst	Masns of Injury injured at work?
Address Frosthing Md.	MAM Chang Sm)
10 10 10 10 10 10 10 10 10 10 10 10 10 1	23. SIGNATURE M. D-or other
19. O - 10 19. Mus Mauly N. Registrar	Andrees + Asthura Male signed 10-8 47



2411 N. Charles St., Baltimore

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L P.R	1 1 2 1	1 4	F. 5 /		C.A.I.C

	Ave. Disc. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (If outside city or town limits, write KURAI and give nearest town)	State Manylagia county allagany
How long in above place of death?	City or town (Vi outside city or town limits, write RURAL ape give nearest town)
Hospital Institution, or street address where death occurred:	Street No. 3 (Ifrural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Remanum Okoranam	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white Durgle	20. DATE OF DEATH (12 2 2 19 47 , at 950 4 M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.4.7
7. Birth date ot	and that I last saw h and alive on Class for 18.4.7.
deceased (mo., day, yr.) If I V L. J. 18 18	Immediate cause of death
8. AGE: Years Months Day's If less than one day	Browch Palumosia
One samina a allerantin 4	/
9. Birthplace (Town, county, agti state)	Due to
1D. Usual occupation & Ball Holling The College and the Colleg	Due to
11. Industry or business 13 mg Vegn Goal Go.	10. 1. 4.
12. Name At 11 CAT WAS ASSAULT	Other conditions Deschalate
5. 13. Birthplace Glothelster Cangland	(Include pregnancy within 3 months of death)
14. Maiden name Smarkarm Mugfit 15. Birthplace lealefort Eppgland	Major findings of operations.
Conical maser Dragan	Autopsy results.
16. Informant The Gold Control of the Control of th	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address A Lacovara, 1947	22. VIOLENCE: It death was due to external causes, till in the following:
(Burial, cremation, or removal. Which?) Date thereofy (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematery AA DAM COMPLETE	Where did injury occur?
Location And Control of the Control	Injured at home, farm, Industry, public place (where?) Means ot injury Injured at work?
18. Funeral director and the following the second s	means or many
Address Long one on the	23. SIONATURE Harry 1 - Hodgson M. D. or other
19. (Date rec'd by registrar) Registrar	Address Eumberland Int. Date signed Och 37 47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The dorsett age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

imits 2411 N. Ch.	DEPARTMENT OF HEALTH ATE OF DEATH Reg. Dist. No. 4
1. PLACE OF DEATH: County City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospitat, institution, or street address where death occurred: Third Street. La Vale - R. F. D. # / How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slate
3. (a) FULL NAME MRS. ELIZABETH JANE ANN Y	ASTE None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Female White Married	MEDICAL CERTIFICATION 20. DATE OF DEATH October 25, 19.47 at 10:00 Au
6.(b) Name of husband or wife Phillip Yaste 6.(c) It allve, give age 73 ye deceased (mo., day, yr.) February 11,1876 8. AGE: Years Months Days If less than one day 71 8 14 hrs. m 9. Sirthplace Lonaconing, Allegany, Maryland (Town, county, and state) 10. Usual occupation. Housewife 11. Industry or business 12. Name Cyrus Wiland 13. Birthplace Lonaconing, Maryland 14. Maiden name Elizabeth Gray	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 4.0., to
14. Maiden name Elizabeth Gray 15. Birthplace England 16. Informant Alvin E. Yaste	Major findings of operations. Date of op.
Address La Vale, Maryland 17. Burial Date thereof Oct. 28, 1947 (Burial, cremation, or removal, Which?) Cemelery or crematory. Hill Crest Burial Park	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the tollowing: Accident, suicide, or homicide
Location Cumberland, Maryland 18. Funeral director William H. Kight Address Cumberland, Maryland 19. 2. 2. 2. 19. 47. W. Jauta, M. A. (Polite rec'd by registrer) 19. (Polite rec'd by registrer)	Injured at home, tarm, Industry, public place (where?) Means of Injury Injured at work? 23. SIGNATURE M. D. or other Address. 3 6 Okeans St. Date signed St. 21-4.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

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00		TE OF DEATH Reg. Dist. No	4
fully, the correct and legibly.	1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State City or town (If outside city or town limits, write RURAL and give neares)	8
on care	Hospital, institution, or street address where death occurred: 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Street No. 738 (If rural, give LOCATION) 2.(a) If veteran, name war.	
information carefully of death clearly and	3. (a) FULL NAME Hattie lane	2. Len 3. (b) Social Security Nu	mber
D 41 8	4. Sex 5. Color or race 6.(a) Singly marries, Aidowed, or divorced Hense White Ingle	MEDICAL CERTIFICATION 20. DATE OF DEATH. Och 77 1947, at	530
ery item o	6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended eccased	1 trom
VED FOR BIN Supply every it	T. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediato cause of death	DURATION 2
- G	9. Birthplace	Due to State	••••
0.5	10. Usual occupation	Due to	
MARGIN UNFADIN	12. Hame Wilson & Ur. 13. Birthpiace West V.	Other conditions	
mpoorts.	14. Maiden name Cligabeth Cosserve 15. Birthplace Was Vn.	Major findings of operations	
LAINLY, Wespecially i	16. Informant P. Zilar Address 738 ml are Cumbuland Md.	Antopsy results	tistically.
PLAIN is espec	17. (Burial, cremation, or removst. Which?) Date thereof. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	
9-45-15	Cemetery or crematory.	Injured at home, farm, Industry, public place (where?)	State)
ASE	18. Funeral director draws tem Md.	Meens of injury Thjured at work?	
E E	11/11/11/11/11	23. SIGNATURE.	other /

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(Data rec'd by registrar)

Dr Rechard William

